

Subspecialty Milestones for Internal Medicine

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

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

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

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Does not or is inconsistently able to collect accurate historical data. Does not perform or use an appropriately thorough physical exam, or misses key physical exam findings. Relies exclusively on documentation of others to generate own database or differential diagnosis or is overly reliant on secondary data. Fails to recognize patient's central clinical problems. Fails to recognize potentially life threatening problems.	Consistently acquires accurate and relevant histories. Consistently performs accurate and appropriately thorough physical exams. Inconsistently recognizes patient's central clinical problem or develops limited differential diagnoses.	Acquires accurate histories in an efficient, prioritized, and hypothesis-driven fashion. Performs accurate physical exams that are targeted to the patient's problems. Uses and synthesizes collected data to define a patient's central clinical problem(s) to generate a prioritized differential diagnosis and problem list.	Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis. Identifies subtle or unusual physical exam findings. Efficiently utilizes all sources of secondary data to inform differential diagnosis. Effectively uses history and physical examination skills to minimize the need for further diagnostic testing.	Role-models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing.

▲ Collapse ▲

1. PC1 Gathers and synthesizes essential and accurate information to define each patient's clinical problem

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Care plans are consistently inappropriate or inaccurate. Does not react to situations that require urgent or emergency care. Does not seek additional guidance when needed	Inconsistently develops an appropriate care plan. Inconsistently seeks additional guidance when needed.	Consistently develops appropriate care plan. Recognizes situations requiring urgent or emergency care. Seeks additional guidance and/or consultation as appropriate.	Appropriately modifies care plans based on patient's clinical course, additional data, patient preferences, and cost-effectiveness principles. Recognizes disease presentations that deviate from	Role-models and teaches complex and patient-centered care. Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost-effectiveness

					common patterns and require complex decision-making, incorporating diagnostic uncertainty. Manages complex acute and chronic conditions.	principles.
--	--	--	--	--	--	-------------

▲ Collapse ▲

2. PC 2 Develops and achieves comprehensive management plan for each patient.

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Cannot advance beyond the need for direct supervision in the delivery of patient care. Cannot manage patients who require urgent or emergency care. Does not assume responsibility for patient management decisions.	Requires direct supervision to ensure patient safety and quality care. Requires direct supervision to manage problems or common chronic diseases in all appropriate clinical settings. Inconsistently provides preventive care in all appropriate clinical settings. Requires direct supervision to manage patients with straightforward diagnoses in all appropriate clinical settings. Unable to manage complex inpatients or patients requiring intensive care. Cannot independently supervise care provided by other members of the physician-led team.	Requires indirect supervision to ensure patient safety and quality care. Provides appropriate preventive care and chronic disease management in all appropriate clinical settings. Provides comprehensive care for single or multiple diagnoses in all appropriate clinical settings. Under supervision, provides appropriate care in the intensive care unit. Initiates management plans for urgent or emergency care.	Independently manages patients across applicable inpatient, outpatient, and ambulatory clinical settings who have a broad spectrum of clinical disorders, including undifferentiated syndromes. Seeks additional guidance and/or consultation as appropriate. Appropriately manages situations requiring urgent or emergency care. Effectively supervises the management decisions of the team in all appropriate clinical settings.	Effectively manages unusual, rare, or complex disorders in all appropriate clinical settings.

▲ Collapse ▲

3. PC 3 Manages patients with progressive repsonsibility and independence.

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Attempts to perform invasive procedures without sufficient technical skill or supervision. Fails to recognize cases in which invasive procedures are unwarranted or unsafe. Does not	Possesses insufficient technical skill for safe completion of common invasive procedures with appropriate supervision. Inattentive to patient safety and comfort	Possesses basic technical skill for the completion and interpretation of some common invasive procedures with appropriate supervision.	Consistently demonstrates technical skill to successfully and safely perform and interpret invasive procedures. Maximizes patient comfort	Demonstrates skill to independently perform and interpret complex invasive procedures that are anticipated for future practice.

	recognize the need to discuss procedure indications, processes, or potential risks with patients. Fails to engage the patient in the informed consent process, and/or does not effectively describe risks and benefits of procedures.	when performing invasive procedures. Applies the ethical principles of informed consent. Recognizes the need to obtain informed consent for procedures, but ineffectively obtains it. Understands and communicates ethical principles of informed consent.	Inconsistently manages patient safety and comfort when performing invasive procedures. Inconsistently recognizes appropriate patients, indications, and associated risks in the performance of invasive procedures. Obtains and documents informed consent.	and safety when performing invasive procedures. Consistently recognizes appropriate patients, indications, and associated risks in the performance of invasive procedures. Effectively obtains and documents informed consent in challenging circumstances (e.g., language or cultural barriers). Quantifies evidence for risk-benefit analysis during obtainment of informed consent for complex procedures or therapies.	Demonstrates expertise to teach and supervise others in the performance of invasive procedures. Designs consent instrument for a human subject research study; files an Institution Review Board (IRB) application.
--	---	--	---	--	---

▲ Collapse ▲

4. PC 4a. Demonstrates skill in performing and interpreting invasive procedures

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Does not recognize patients for whom non-invasive procedures and/or testing is not warranted or is unsafe. Attempts to perform or interpret non-invasive procedures and/or testing without sufficient skill or supervision. Does not recognize the need to discuss procedure indications, processes, or potential risks with patients. Fails to engage the patient in the informed consent process and/or does not effectively describe risks and benefits of procedures.	Possesses insufficient skill to safely perform and interpret non-invasive procedures and/or testing with appropriate supervisionInattentive to patient safety and comfort when performing non-invasive procedures and/or testing procedures. Applies the ethical principles of informed consent. Recognizes need to obtain informed consent for procedures but ineffectively obtains it. Understands and communicates ethical principles of informed consent.	Inconsistently recognizes appropriate patients, indications, and associated risks in the utilization of non-invasive procedures and/or testing. Inconsistently integrates procedures and/or testing results with clinical features in the evaluation and management of patients. Can safely perform and interpret selected non-invasive procedures and/or testing procedures with minimal supervision.	Consistently recognizes appropriate patients, indications, and associated risks in utilization of non-invasive procedures and/or testing. Integrates procedures and/or testing results with clinical findings in the evaluation and management of patients. Recognizes procedures and/or testing results that indicate high-risk state or adverse prognosis. Recognizes artifacts and normal variants.	Demonstrates skill to independently perform and interpret complex non-invasive procedures and/or testing. Demonstrates expertise to teach and supervise others in the performance of advanced non-invasive procedures and/or testing. Designs consent instrument for a human subject research study; files an Institution Review Board (IRB) application.

				Inconsistently recognizes high-risk findings and artifacts/normal variants. Obtains and documents informed consent.	Consistently performs and interprets non-invasive procedures and/or testing in a safe and effective manner. Effectively obtains and documents informed consent in challenging circumstances (e.g., language or cultural barriers).	
--	--	--	--	---	--	--

▲ Collapse ▲

5. PC 4b. Demonstrates skill in performing and interpreting non-invasive procedures and/or testing

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services. Unwilling to utilize consultant services when appropriate for patient care.	Inconsistently manages patients as a consultant to other physicians/health care teams. Inconsistently applies risk assessment principles to patients while acting as a consultant. Inconsistently formulates a clinical question for a consultant to address.	Provides consultation services for patients with clinical problems requiring basic risk assessment. Asks meaningful clinical questions that guide the input of consultants.	Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment. Appropriately integrates recommendations from other consultants in order to effectively manage patient care.	Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment. Models management of discordant recommendations from multiple consultants.

▲ Collapse ▲

6. PC 5 Requests and provides consultative care

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Lacks the scientific, socioeconomic, or behavioral knowledge required to provide patient care.	Possesses insufficient scientific, socioeconomic, and behavioral knowledge required to provide care for common medical conditions and basic preventive care.	Possesses the scientific, socioeconomic, and behavioral knowledge required to provide care for common medical conditions and basic preventive care.	Possesses the scientific, socioeconomic, and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care.	Possesses the scientific, socioeconomic, and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous, and complex conditions.

▲ Collapse ▲

7. MK 1 Clinical knowledge

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Lacks foundational knowledge to apply diagnostic testing and procedures to patient care.	Inconsistently interprets basic diagnostic tests accurately. Does not understand the concepts of pre-test probability and test performance characteristics. Minimally understands the rationale and risks associated with common procedures.	Consistently interprets basic diagnostic tests accurately. Needs assistance to understand the concepts of pre-test probability and test performance characteristics. Fully understands the rationale and risks associated with common procedures.	Interprets complex diagnostic tests accurately while accounting for limitations and biases. Knows the indications for, and limitations of, diagnostic testing and procedures. Understands the concepts of pre-test probability and test performance characteristics. Teaches the rationale and risks associated with common procedures and anticipates potential complications of procedures.	Anticipates and accounts for subtle nuances of interpreting diagnostic tests and procedures. Pursues knowledge of new and emerging diagnostic tests and procedures.

▲ Collapse ▲

8. MK 2 Knowledge of diagnostic testing and procedures.

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Foundation: Unaware of or uninterested in scientific inquiry or scholarly productivity. Investigation: Unwilling to perform scholarly investigation in the specialty. Analysis: Fails to engage in critical thinking regarding clinical practice, quality improvement, patient safety, education, or research. Dissemination: Unable or unwilling to effectively communicate and/or disseminate knowledge.	Interested in scholarly activity, but does not initiate or follow through. Performs a literature search using relevant scholarly sources to identify pertinent articles. Aware of basic statistical concepts, but has incomplete understanding of their application; inconsistently identifies methodological flaws. Communicates rudimentary details of scientific work, including his or her own scholarly work; needs to improve ability to present in small groups.	Identifies areas worthy of scholarly investigation and formulates a plan under supervision of a mentor. Critically reads scientific literature and identifies major methodological flaws and inconsistencies within or between publications. Understands and is able to apply basic statistical concepts, and can identify potential analytic methods for data or problem assessment. Effectively presents at journal club, quality	Formulates ideas worthy of scholarly investigation. Collaborates with other investigators to design and complete a project related to clinical practice, quality improvement, patient safety, education, or research. Critiques specialized scientific literature effectively. Dissects a problem into its many component parts and identifies strategies for solving. Uses analytical methods of the field effectively. Presents scholarly activity	Independently formulates novel and important ideas worthy of scholarly investigation. Leads a scholarly project advancing clinical practice, quality improvement, patient safety, education, or research. Obtains independent research funding. Critiques specialized scientific literature at a level consistent with participation in peer review. Employs optimal statistical techniques. Teaches analytic methods in chosen field to peers and

			improvement meetings, clinical conferences, and/or is able to effectively describe and discuss his or her own scholarly work or research.	at local or regional meetings, and/or submits an abstract summarizing scholarly work to regional/state/national meetings, and/or publishes non-peer-reviewed manuscript(s) (reviews, book chapters).	others. Effectively presents scholarly work at national and international meetings. Publishes peer-reviewed manuscript(s) containing scholarly work (clinical practice, quality improvement, patient safety, education, or research).
--	--	--	---	--	---

▲ Collapse ▲

9. MK3 Scholarship

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Refuses to recognize the contributions of other interprofessional team members. Frustrates team members with inefficiency and errors. Frequently requires reminders from team to complete physician responsibilities (e.g., talk to family, enter orders).	Identifies roles of other team members, but does not recognize how/when to utilize them as resources. Participates in team discussions when required, but does not actively seek input from other team members.	Understands the roles and responsibilities of all team members, but uses them ineffectively. Actively engages in team meetings and collaborative decision-making.	Understands the roles and responsibilities of, and effectively partners with, all members of the team. Efficiently coordinates activities of other team members to optimize care.	Develops, trains, and inspires the team regarding unexpected events or new patient management strategies. Viewed by other team members as a leader in the delivery of high-quality care.

▲ Collapse ▲

10. SBP 1 Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel).

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Ignores a risk for error within the system that may affect the care of a patient. Ignores feedback and is unwilling to change behavior in order to reduce the risk for error.	Does not recognize the potential for system error. Makes decisions that could lead to errors that are otherwise corrected by the system or supervision. Resistant to feedback about decisions that may lead to error or otherwise cause harm.	Recognizes the potential for error within the system. Identifies obvious or critical causes of error and notifies supervisor accordingly. Recognizes the potential risk for error in the immediate system and takes necessary steps to	Identifies systemic causes of medical error and navigates them to provide safe patient care. Advocates for safe patient care and optimal patient care systems. Activates formal system resources to investigate and mitigate real or potential medical error. Reflects upon and learns	Advocates for system leadership to formally engage in quality assurance and quality improvement activities. Viewed as a leader in identifying and advocating for the prevention of medical error. Teaches others regarding the importance of recognizing and mitigating

					mitigate that risk. Willing to receive feedback about decisions that may lead to error or otherwise cause harm.	from own critical incidents that may lead to medical error.	system error.
--	--	--	--	--	---	---	---------------

▲ Collapse ▲

11. SBP 2 Recognizes system error and advocates for system improvement.

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Ignores cost issues in the provision of care. Demonstrates no effort to overcome barriers to cost-effective care.	Lacks awareness of external factors (e.g., socio-economic, cultural, literacy, insurance status) that impact the cost of health care, and the role that external stakeholders (e.g., providers, suppliers, financers, purchasers) have on the cost of care. Does not consider limited health care resources when ordering diagnostic or therapeutic interventions.	Recognizes that external factors influence a patient's utilization of health care and may act as barriers to cost-effective care. Minimizes unnecessary diagnostic and therapeutic tests. Possesses an incomplete understanding of cost-awareness principles for a population of patients (e.g., use of screening tests).	Consistently works to address patient-specific barriers to cost-effective care. Advocates for cost-conscious utilization of resources such as emergency department visits and hospital readmissions. Incorporates cost-awareness principles into standard clinical judgments and decision-making, including use of screening tests.	Teaches patients and health care team members to recognize and address common barriers to cost-effective care and appropriate utilization of resources. Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective, high-quality care.

▲ Collapse ▲

12. SBP3 Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care.

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Disregards need for communication at time of transition. Does not respond to requests of caregivers in other delivery systems. Written and verbal care plans during times of transition are absent.	Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems. Provides incomplete written and verbal care plans during times of transition. Provides inefficient transitions of care that lead to unnecessary expense or risk to a patient (e.g., duplication of tests,	Recognizes the importance of communication during times of transition. Communicates with future caregivers, but demonstrates lapses in provision of pertinent or timely information.	Appropriately utilizes available resources to coordinate care and manage conflicts to ensure safe and effective patient care within and across delivery systems. Actively communicates with past and future caregivers to ensure continuity of care. Anticipates needs of patient,	Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency, and ensure high-quality patient outcomes. Role-models and teaches effective transitions of care.

		readmission).		caregivers, and future care providers and takes appropriate steps to address those needs.	
--	--	---------------	--	---	--

▲ Collapse ▲

13. SBP 4 Transitions patients effectively within and across health delivery systems.

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Unwilling to self-reflect upon one's practice or performance. Not concerned with opportunities for learning and self-improvement.	Unable to self-reflect upon practice or performance. Misses opportunities for learning and self-improvement.	Inconsistently self-reflects upon practice or performance, and inconsistently acts upon those reflections. Inconsistently acts upon opportunities for learning and self-improvement.	Regularly self-reflects upon one's practice or performance, and consistently acts upon those reflections to improve practice. Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement.	Regularly seeks external validation regarding self-reflection to maximize practice improvement. Actively and independently engages in self-improvement efforts and reflects upon the experience.

▲ Collapse ▲

14. PBLI 1 Monitors practice with a goal for improvement.

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Disregards own clinical performance data. Demonstrates no inclination to participate in or even consider the results of quality-improvement efforts. Not familiar with the principles, techniques, or importance of quality improvement.	Limited ability to analyze own clinical performance data. Nominally engaged in opportunities to achieve focused education and performance improvement.	Analyzes own clinical performance gaps and identifies opportunities for improvement. Participates in opportunities to achieve focused education and performance improvement. Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients.	Analyzes own clinical performance data and actively works to improve performance. Actively engages in opportunities to achieve focused education and performance improvement. Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients.	Actively monitors clinical performance through various data sources. Able to lead projects aimed at education and performance improvement. Utilizes common principles and techniques of quality improvement to continuously improve care for a panel of patients.

▲ Collapse ▲

15. PBLI 2 Learns and improves via

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Never solicits feedback. Actively resists feedback from others.	Rarely seeks and does not incorporate feedback. Responds to unsolicited feedback in a defensive fashion. Temporarily or superficially adjusts performance based on feedback.	Solicits feedback only from supervisors and inconsistently incorporates feedbacks open to unsolicited feedback. Inconsistently incorporates feedback.	Solicits feedback from all members of the interprofessional team and patients. Welcomes unsolicited feedback. Consistently incorporates feedback. Able to reconcile disparate or conflicting feedback.	Performance continuously reflects incorporation of solicited and unsolicited feedback. Role-models ability to reconcile disparate or conflicting feedback.

▲ Collapse ▲

16. PBLI 3 Learns and improves via feedback.

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate. Fails to seek or apply evidence when necessary.	Rarely reconsiders an approach to a problem, asks for help, or seeks new information. Can translate medical information needs into well-formed clinical questions with assistance. Unfamiliar with strengths and weaknesses of the medical literature. Has limited awareness of, or ability to use, information technology or decision support tools and guidelines. Accepts the findings of clinical research studies without critical appraisal.	Inconsistently reconsiders an approach to a problem, asks for help, or seeks new information. Can translate medical information needs into well-formed clinical questions independently. Aware of the strengths and weaknesses of medical information resources, but utilizes information technology without sophistication. With assistance, appraises clinical research reports based on accepted criteria.	Routinely reconsiders an approach to a problem, asks for help, or seeks new information. Routinely translates new medical information needs into well-formed clinical questions. Guided by the characteristics of clinical questions, efficiently searches medical information resources, including decision support tools and guidelines. Independently appraises clinical research reports based on accepted criteria.	Role-models how to appraise clinical research reports based on accepted criteriaHas a systematic approach to track and pursue emerging clinical questions.

▲ Collapse ▲

17. PBLI 4 Learns and improves at the point of care.

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5

	Disrespectful in interactions with patients, caregivers, and members of the interprofessional team. Sacrifices patient needs in favor of self-interest. Does not demonstrate empathy, compassion, and respect for patients and caregivers. Does not demonstrate responsiveness to patients' and caregivers' needs in an appropriate fashion. Does not consider patient privacy and autonomy. Unaware of physician and colleague self-care and wellness.	Inconsistently demonstrates empathy, compassion, and respect for patients and caregivers. Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion. Inconsistently considers patient privacy and autonomy. Inconsistently aware of physician and colleague self-care and wellness.	Consistently respectful in interactions with patients, caregivers, and members of the interprofessional team, even in challenging situations. Is available and responsive to needs and concerns of patients, caregivers, and members of the interprofessional team to ensure safe and effective patient care. Emphasizes patient privacy and autonomy in all interactions. Consistently aware of physician and colleague self-care and wellness.	Demonstrates empathy, compassion, and respect to patients and caregivers in all situations. Anticipates, advocates for, and actively works to meet the needs of patients and caregivers. Demonstrates a responsiveness to patient needs that supersedes self-interest. Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care, as appropriate. Regularly reflects on, assesses, and recommends physician and colleague self-care and wellness.	Role-models compassion, empathy, and respect for patients and caregivers. Role-models appropriate anticipation and advocacy for patient and caregiver needs. Fosters collegiality that promotes a high-functioning interprofessional team. Teaches others regarding maintaining patient privacy and respecting patient autonomy. Role-models personal self-care practice for others and promotes programs for colleague wellness.
--	---	---	--	--	---

▲ Collapse ▲

18. PROF 1 Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel).

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks. Shuns responsibilities expected of a physician professional.	Completes most assigned tasks in a timely manner but may need reminders or other support. Accepts professional responsibility only when assigned or mandatory.	Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy. Completes assigned professional responsibilities without questioning or the need for reminders.	Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner. Willingly assumes professional responsibility regardless of the situation.	Role-models prioritizing many competing demands in order to complete tasks and responsibilities in a timely and effective manner. Assists others to improve their ability to prioritize many competing tasks.

▲ Collapse ▲

19. PROF 2 Accepts responsibility and follows through on tasks.

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Is insensitive to differences related to personal characteristics and needs in the patient/caregiver encounter. Is unwilling to modify care plan to account for a patient's unique characteristics and needs.	Is sensitive to and has basic awareness of differences related to personal characteristics and needs in the patient/caregiver encounter. Requires assistance to modify care plan to account for a patient's unique characteristics and needs.	Seeks to fully understand each patient's personal characteristics and needs. Modifies care plan to account for a patient's unique characteristics and needs with partial success.	Recognizes and accounts for the personal characteristics and needs of each patient. Appropriately modifies care plan to account for a patient's unique characteristics and needs.	Role-models professional interactions to navigate and negotiate differences related to a patient's unique characteristics or needs. Role-models consistent respect for patient's unique characteristics and needs.
▲ Collapse ▲					

20. PROF 3 Responds to each patient's unique characteristics and needs.

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Dishonest in clinical interactions, documentation, research, or scholarly activity. Refuses to be accountable for personal actions. Does not adhere to basic ethical principles. Blatantly disregards formal policies or procedures. Fails to recognize conflicts of interest.	Honest in clinical interactions, documentation, research, and scholarly activity. Requires oversight for professional actions related to the subspecialty. Has a basic understanding of ethical principles, formal policies, and procedures and does not intentionally disregard them. Recognizes potential conflicts of interest.	Honest and forthright in clinical interactions, documentation, research, and scholarly activity. Demonstrates accountability for the care of patients. Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity. Consistently attempts to recognize and manage conflicts of interest.	Demonstrates integrity, honesty, and accountability to patients, society, and the profession. Actively manages challenging ethical dilemmas and conflicts of interest. Identifies and responds appropriately to lapses of professional conduct among peer group. Regularly reflects on personal professional conductIdentifies and manages conflicts of interest.	Assists others in adhering to ethical principles and behaviors, including integrity, honesty, and professional responsibility. Role-models integrity, honesty, accountability, and professional conduct in all aspects of professional lifelIdentifies and responds appropriately to lapses of professional conduct within the system in which he or she works.
▲ Collapse ▲					

21. PROF 4 Exhibits integrity and ethical behavior in professional conduct.

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet									
---------	--	--	--	--	--	--	--	--	--

Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Ignores patient preferences for plan of careMakes no attempt to engage patient in shared decision-making. Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers.	Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences. Attempts to develop therapeutic relationships with patients and caregivers but is inconsistently successful. Defers difficult or ambiguous conversations to others	Engages patients in shared decision-making in uncomplicated conversations. Requires assistance facilitating discussions in difficult or ambiguous conversations. Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds	Identifies and incorporates patient preference in shared decision-making in complex patient care conversations and the plan of care. Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds	Role-models effective communication and development of therapeutic relationships in both routine and challenging situations. Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic and cultural backgrounds. Assists others with effective communication and development of therapeutic relationships.

▲ Collapse ▲

22. ICS 1 Communicates effectively with patients and caregivers.

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Utilizes communication strategies that hamper collaboration and teamwork. Verbal and/or non-verbal behaviors disrupt effective collaboration with team members.	Uses unidirectional communication that fails to utilize the wisdom of team members. Resists offers of collaborative input.	Inconsistently engages in collaborative communication with appropriate members of the team. Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care.	Consistently and actively engages in collaborative communication with all members of the team. Verbal, non-verbal, and written communication consistently acts to facilitate collaboration with team members to enhance patient care.	Role models and teaches collaborative communication with the team to enhance patient care, even in challenging settings and with conflicting team member opinions.

▲ Collapse ▲

23. ICS 2 Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary professionals and other support personnel).

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Provides health records that are missing significant portions of important clinical data. Does not enter medical information and test	Health records are disorganized and inaccurate. Inconsistently enters medical information and test results/ interpretations into	Health records are organized and accurate, but are superficial and miss key data or fail to	Patient-specific health records are organized, timely, accurate, comprehensive, and effectively communicate	Role-models and teaches importance of organized, accurate, and comprehensive health records

		results/interpretations into health record.	health record.	communicate clinical reasoning. Consistently enters medical information and test results/interpretations into health records.	clinical reasoning. Provides effective and prompt medical information and test results/interpretations to physicians and patients.	that are succinct and patient-specific.			
▲ Collapse ▲									
24. ICS 3 Appropriate utilization and completion of health records.	<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"/>