0 = did not observe or insufficient opportunity to evaluate

|  |
| --- |
| **1.Gather a history and perform a physical or mental examination**  |
| **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| * History and/or exam may be incomplete or inaccurate at times.
 | * Obtains a history and does physical exam, but needs to work on efficiency and organization
* May omit pertinent positives or negatives
 | * Able to complete a full history and exam in uncomplicated situations.
* May need work on ability to utilize clinical reasoning and integration of findings
 | * Patient-centered history and exam is complete, accurate, efficient, and appropriate to the clinical setting and individual patient.
 | * Advanced use of hypothesis-driven information gathering.
* Routinely able to identify subtle, unusual findings in the history
* Demonstrates increasing autonomy
 |
|  🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 0 1 2 3 4 5 |

|  |
| --- |
| **2.Prioritize a differential diagnosis following a clinical encounter**  |
| **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| * At times may gather either insufficient or excessive information.
* May not be able to organize or prioritize patient
 | * Able to apply basic & clinical science knowledge, but only to the most common medical conditions.
 | * Good knowledge of pathophysiology
* Able to formulate a differential, but may need work on subtle findings
 | * Demonstrates good clinical reasoning, integrates patient data, formulates and prioritizes a full list of potential diagnoses, and accurately selects a working diagnosis.
 | * Routinely demonstrates mature clinical reasoning skills in integrating new data (including subtle findings) and continually updating the differential diagnosis in complex clinical situations.
 |
|  🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 0 1 2 3 4 5 |

|  |
| --- |
| **3.Recommend and interpret common diagnostic and screening tests**  |
| **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| * May not be able to consistently interpret tests accurately.
* May not check test results in a timely manner or recognize urgency of abnormal labs
 | * Beginning to take initiative in clinical problem-solving.

May need work on further application of basic & clinical science knowledge to ordering and/or interpreting common tests. | * Good knowledge and skills in ordering and interpreting the most common tests.
* May not recognize subtle variations in normal findings.
 | * Organized approach, effectively utilizing clinical reasoning, and evidence-based and cost-effective principles to prioritize, select, and interpret common diagnostic and screening tests.
 | * Advanced knowledge base and disease pattern recognition.
* Routinely demonstrates mature grasp of pre- and post-test probability in selecting diagnostic plans.
 |
|  🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 0 1 2 3 4 5 |

|  |
| --- |
| **4.Enter and discuss orders and prescriptions**  |
| **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| * Orders may be either insufficient or excessive
 | * Shows interest and beginning ability to apply basic & clinical science knowledge to the writing of orders
 | * Good knowledge and skills. Responds well to supervision and recognizes indications for orders
 | * Safely writes indicated orders according to diverse individual patients’ needs in a variety of clinical settings
 | * Advanced knowledge base & clinical reasoning regarding indicated orders and prescriptions for complex clinical conditions
 |
|  🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 0 1 2 3 4 5 |

|  |
| --- |
| **5.Document a clinical encounter in the patient record**  |
| **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| * Documentation may tend to be either grossly insufficient or excessive.
* Documentation may not be timely.
 | * Beginning to provide clearer documentation of evaluation, but may need more focus
 | * Clear documentation with few errors of omission or of over-inclusion of details.
* May need to be more concise
 | * Able to synthesize & prioritize information and clearly & accurately document patient data in written or electronic formats in a timely manner and in a variety of clinical settings.
 | * Advanced skills in documentation of reasoning in complex clinical conditions and in patients with diverse backgrounds in a wide variety of settings.
 |
|  🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 0 1 2 3 4 5 |

|  |
| --- |
| **6. Provide an oral presentation of a clinical encounter**  |
| **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| * Presentation of clinical encounter is not well organized or either has insufficient or excessive detail.
* May not speak in a confident manner
 | * Beginning ability to prioritize information & identify conditions requiring follow- up.
* May need to more fully apply basic & clinical science knowledge to clinical encounters
 | * Shows progress in presentation and is able to prioritize information.
* May need work on a few errors of omission or of over-inclusion of details, occasional inaccuracies.
 | * Able to synthesize & prioritize information and clearly & accurately provide an oral presentation of a clinical encounter
* Is able to adjust the presentation to the context e.g., level of acuity
 | * Advanced skills in oral presentations and reasoning in complex clinical conditions and in patients with diverse backgrounds in a wide variety of settings.
* Appropriately confident
 |
|  🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 0 1 2 3 4 5 |

|  |
| --- |
| **7. Form clinical questions and retrieve evidence to advance patient care** |
| **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| * Not yet able to fully apply basic & clinical science knowledge to specific clinical encounters.
 | * Still needs prompting & assistance in routine use of information technology to access findings.
 | * Demonstrates further progress in application of clinical science knowledge & formulation of relevant clinical questions.
* Recognizes gaps in knowledge.
 | * Able to identify key clinical questions relevant to individual patients & identify and access relevant resources, and utilize evidenced based information.
 | * Advanced skills in identification of more subtle gaps in knowledge in complex clinical conditions and in patients with diverse backgrounds in a wide variety of settings.
 |
|  🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 0 1 2 3 4 5 |

|  |
| --- |
| **8. Give or receive a patient handover to transition care responsibility**  |
| **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| * Insufficient experience
* Handovers have errors, inaccuracies or ambiguous info
* Does not follow a structured template
 | * Making progress in asking relevant questions but may not elicit sufficient information when assuming responsibility
* Sometimes follows template
 | * Beginning to more clearly communicate clinical reasoning and contingency planning.
* Consistently follows template
 | * Accurately and efficiently communicates all relevant patient information to ensure continuity of high quality and safe patient care
 | * Advanced skills in working with team,
* Confident and remarkably efficient and excellent in use of bidirectional communication
 |
|  🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 0 1 2 3 4 5 |

|  |
| --- |
| **9. Collaborate as a member of an interprofessional team**  |
| **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| * Insufficient experience with team work
* May have limited initiative & participation in team discussions
 | * Recognizes team member’s roles
* May need more recognition of non-physicians input or communication
 | * Effective bidirectional communication with team to promote patient care.
* May need work on more active approach to integration with team
 | * Knowledgeable about team members’ roles and expertise,
* Maintains mutual respect, trust, and communication
* Actively both gives and seeks appropriate help from team to optimize patient care
 | * Advanced skills in supporting the roles of an extended treatment team, with very good ability to communicate team goals to patient & family.
* Seeks out team members for input and consistently excellent communication with team members
 |
|  🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 0 1 2 3 4 5 |

|  |
| --- |
| **10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management** |
| **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| * Limited experience or ability to apply basic & clinical science knowledge to recognize urgent clinical situations or acutely abnormal lab values.
 | * Beginning ability to recognize acuity of clinical cases
* May need work on prompt & consistent identification of urgent clinical situations
 | * Able to utilize history, exam, and lab findings to accurately identify clinical crises
* May still need work on prioritizing and synthesizing pertinent positives and negatives.
 | * Able to recognize and initiate a call for assistance when a patient requires urgent or emergent care
* Promptly initiates evaluation and management in these situations, forms a rapid differential
* Can initiate basic and advanced life support
 | * Advanced skills in recognizing clinical crises and in mobilizing treatment team, with very good ability to communicate team goals, code status
 |
|  🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 0 1 2 3 4 5 |
| **11. Obtain informed consent for tests and/or procedures**  |
| **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| * Limited experience or ability to apply basic and clinical science knowledge to discussions of consent with patient/family
 | * Beginning ability to identify some benefits/risks of tests and procedures.
* May need more confidence, experience, and accuracy in discussing complex procedures
 | * Good clinical reasoning for indicated procedures
* May need to work on more fully explaining or listening to patient/family or answering their questions
 | * Able to clearly obtain informed consent for tests or procedures (e.g., contrast exposures, blood transfusions), explaining the indications, risks, benefits, alternatives, and potential complications
 | * Very adept at maintaining composure in crises when urgent procedures are necessary and has advanced skills in knowledgeable, empathic, respectful discussions with patient/family
 |
|  🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 0 1 2 3 4 5 |

|  |
| --- |
| **12. Perform general procedures of a physician**  |
| **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| * Limited in either experience or knowledge and skills, e.g., for procedures such as airway management, universal precautions, aseptic technique
 | * Beginning knowledge and experience for reliable, consistent, & independent performance of basic procedures such as IV insertion or arterial puncture and their complications
 | * Beginning to demonstrate responsibility for procedures involved in daily patient management & improved procedural skills
 | * Competently & confidently performs core procedures for basic patient care, e.g., CPR, bag & mask ventilation, venipuncture, and IV insertion.
* Has the required basic science (anatomy, etc.) knowledge & technical skills to perform procedures and manage complications.
 | * Very proficient in performance of procedures, and knowledgeable in prioritizing and optimizing costs and benefit/risk issues for patient care.
 |
|  🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 0 1 2 3 4 5 |

|  |
| --- |
| **13. Identify system failures and contribute to a culture of safety and improvement** |
| **Level 1** | **Level 2** | **Level 3** | **Level 4** | **Level 5** |
| * Limited experience, interest, or knowledge of quality improvement methodology
* Does not yet demonstrate ability to fully identify or learn from errors
 | * Beginning to be aware of potential for systems errors
* May need more knowledge about following institutional safety policies
* May not have yet participated in any quality improvement efforts
 | * Motivated to provide safe individual patient care
* Making progress in identifying & appropriately reporting errors, with growing commitment to analysis of error
 | * Routinely engages in good safety practices (e.g., hand washing, universal precautions)
* Has a good understanding of systems’ strengths & vulnerabilities
* Identifies & reports potential & actual patient care errors, including one’s own
 | * Good critical appraisal of new knowledge and practice guidelines
* Takes initiative in analyzing and applying new standards, services, or technologies to improve outcomes
* Good focus on both individual patients and population health
 |
|  🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 0 1 2 3 4 5 |