0 = did not observe or insufficient opportunity to evaluate

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| **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 |
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| **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. |
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| **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. |
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| **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 |
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| **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. |
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| **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 |
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| **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. |
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| **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 |
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| **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 |
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| **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 |
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| **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 |
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| **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. |
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| **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 |
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