

University of Minnesota Milestone Based Evaluations

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The Internal Medicine and Medicine-Pediatric residency programs at the University of Minnesota have taken a developmental approach in creating our milestone based evaluations. These global evaluations are informed by the American Board of Internal Medicine Milestones and were created with ease of use and formative feedback in mind. The organization of the milestones is rooted in the clinical context, and the milestones were modified to be directly observable behaviors. Undergraduate medical education milestones are incorporated to show the developmental progression of the learner and to identify areas for improvement. As a set, the evaluations overlap in some sub-competencies to provide a more robust evaluation in those domains. However, each evaluation has aspects that focus on the specific clinical context they will be used in -- the Inpatient, Outpatient, ICU and Consultative settings. A Peer evaluation focuses on communication and professionalism skills. The evaluations have been incorporated into the New Innovations Resident Management System and are being piloted across the Medicine-Pediatric Program with plans to include the whole Internal Medicine program in July, 2013.

Inpatient Evaluation

Please note: Milestones build on each other. Unless the question is an “All That Apply” type, selecting a milestone assumes accomplishment of lesser milestones. These can be pictured on a spectrum, with milestones on the left side of the screen indicating less advanced and on the right indicating more advanced skills. If there is a discrepancy for a resident, please note that in the comments section below.

When gathering historical data, the resident...

- Acquires ONLY basic medical history from the patient, including a chief complaint, and pursues some relevant symptoms (Explain in areas for improvement below)
- Acquires a thorough medical history from the patient in an efficient hypothesis-driven fashion, such as a Review of Systems that is tailored to a differential diagnosis
- Effectively obtains and integrates secondary sources of history (eg, family, old records) to supplement thorough medical history from the patient
- Actively obtains subtle history that impacts diagnosis and treatment, including information not often volunteered by the patient
- Is a role model for obtaining a subtle, prioritized medical history for junior members of the health care team

When performing a physical exam the resident...

- Was unable to fulfill any of these milestones. (Explain in areas for improvement below)
- Performed an accurate physical examination only for normal conditions; had difficulty with abnormal exam findings
- Performed an accurate physical examination that appropriately targeted the patient's complaints and medical conditions. Identified pertinent abnormalities using common maneuvers.
- Accurately tracked important changes in the physical examination over time in the inpatient settings.
- Demonstrated and taught how to elicit important physical findings for junior members of the healthcare team.
- Routinely identified subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable.

In terms of clinical reasoning select ALL the following statements that APPLY to the resident:

- Had difficulty synthesizing all available data, except for the most common disease presentations (Explain in areas for improvement below)

Inpatient Evaluation

- Was unable to synthesize data in a coherent way. (Explain in areas for improvement below)
- Synthesized all available data, including interview, physical examination, and preliminary laboratory data, to define each patient's central clinical problem.
- Developed prioritized differential diagnoses, evidence-based diagnostic and therapeutic plans for common conditions
- Modified differential diagnosis and care plan based upon clinical course and data as appropriate.
- Recognized disease presentations that deviated from common patterns and that required complex decision making.

Select the answer that BEST EXEMPLIFIES the resident's patient management skills on this milestone (lowest to highest) spectrum

- Unable to recognize situations with a need for urgent or emergent medical care including life threatening conditions. (Explain in areas for improvement below)
- Recognized situations with a need for urgent or emergent medical care including life threatening conditions. Recognized when to seek additional guidance.
- With minimal supervision, managed patients with common and complex clinical disorders seen in the practice of inpatient general internal medicine.
- Independently managed patients with a broad spectrum of clinical disorders seen in the practice of general internal medicine.
- Independently managed patients with a broad spectrum of clinical disorders seen in the practice of general internal medicine. Managed complex and rare conditions with consultative teams. Customized care in the context of the patients overall health and preferences.

With regard to the residents medical knowledge, select all that apply:

- Was unable to demonstrate sufficient knowledge to diagnose and treat common condition. (Explain in areas for improvement below)
- Identified some common patterns of signs and symptoms; had difficulty applying knowledge to clinical situations
- Demonstrated sufficient knowledge to diagnose and treat common conditions that require hospitalization.
- Demonstrated sufficient knowledge to diagnose and treat undifferentiated and emergent conditions.
- Demonstrated sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions.
- Understood the relevant pathophysiology and basic science for uncommon or complex medical conditions.

Inpatient Evaluation

- Demonstrated sufficient knowledge of socio-behavioral sciences including but not limited to health care economics, medical ethics, and medical education.

Select the statement that MOST reflects how the resident dealt with feedback on this milestone (lowest to highest) spectrum

- The resident was not receptive to feedback. (Explain in areas for improvement below)
- Responded to feedback from all members of the health care team including peers, faculty, students, and patients.
- Actively sought feedback from all members of the health care team. Calibrated self-assessment with feedback and other external data.
- Actively sought feedback and reflected on feedback in developing plans for improvement.

In regards to his/her teaching milestones (lowest to highest), as a resident teacher

- Did none of the below things. (Explain in areas for improvement below)
- Was responsive to questions posed by junior members of the team
- Initiated teaching with junior members of the team.
- Integrated teaching, feedback, and evaluation with supervision of interns and students.
- Effectively assessed the needs of different learners and assumed the leadership role in the education of members of the healthcare team.

With regard to personal accountability, select ALL of the following statements that apply.

- Dressed and behaved appropriately. Responded promptly and appropriately to clinical responsibilities including but not limited to calls and pages.
- Maintained professional relationships with patients, families and staff. Ensured prompt completion of clinical, administrative and curricular tasks, including interactions with colleagues, patients and caregivers.
- Recognized and addressed personal, psychological and physical limitations that may affect professional performance.
- Recognized the scope of his/her abilities and ask for supervision and assistance appropriately.
- Served as a professional role model for more junior colleagues. Recognized the need to assist colleagues in the provision of duties.

As a member of an interprofessional team, select ALL the statements that apply:

Inpatient Evaluation

- Appreciated the roles of a variety of health care providers, including, but not limited to, consultants, therapists, nurses, home care workers, pharmacists, and social workers. Effectively communicated plan of care to all members of the health care team.
- Engaged in collaborative communication with all members of the health care team.
- Worked effectively as a member within the interprofessional team to ensure safe patient care.
- Considered alternative solutions provided by other teammates.
- Demonstrated how to manage the team by utilizing the skills and coordinating the activities of interprofessional team members.

Strengths of this resident *required*

Areas for improvement (please be specific) *required*

Confidential Comments (NOT REQUIRED)

Instructions: This is a milestone-based evaluation. Milestones build upon each other. Unless the question is a “Select All That Apply” type, selecting a milestone assumes accomplishment of lesser milestones (those above it). These can be pictured as being on a spectrum, with milestones on the top indicating less advanced and those below indicating more advanced skills. If there is a discrepancy for a resident, please note that in the comments section below.

Patient Care: Clinical skills and reasoning.

When gathering historical data, the resident (select one)...

- Acquires **ONLY** basic medical history from the patient, including a chief complaint, and pursues some relevant symptoms
- Acquires a thorough medical history from the patient in an efficient hypothesis-driven fashion, such as a Review of Systems that is tailored to a differential diagnosis
- Effectively obtains and integrates secondary sources of history (eg, family, old records) to supplement thorough medical history from the patient
- Actively obtains subtle history that impacts diagnosis and treatment, including information not often volunteered by the patient
- Is a role model for obtaining a subtle, prioritized medical history for junior members of the health care team

When performing a physical exam the resident (select one)...

- Performed an accurate physical examination only for normal conditions; had difficulty with abnormal exam findings
- Performed an accurate physical examination that appropriately targeted the patient's complaints and medical conditions. Identified pertinent abnormalities using common maneuvers.
- Routinely identified subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable.

In terms of clinical reasoning select all the following statements that apply to the resident: (PC-C1-4)

Ambulatory Evaluation

- **Had difficulty synthesizing available data, except for the most common disease presentations**
- **Synthesized all available data, including interview, physical examination, and preliminary laboratory data, to define each patient's central clinical problem.**
- **Developed prioritized differential diagnoses, evidence- based diagnostic and therapeutic plans for common conditions**
- **Modified differential diagnosis and care plan based upon clinical course and data as appropriate.**
- **Recognized disease presentations that deviated from common patterns and that required complex decision making.**

Patient Care: Delivery of patient centered clinical care

Select the answer that BEST EXEMPLIFIES the resident's patient management (select one)...

- **Has difficulty managing patients in the outpatient setting**
- **With minimal supervision, managed patients ONLY with common clinical disorders seen in the practice of outpatient general internal medicine.**
- **With minimal supervision, managed patients with common and complex clinical disorders seen in the practice of outpatient general internal medicine.**
- **INDEPENDENTLY managed patients with a broad spectrum of clinical disorders seen in the practice of general internal medicine.**
- **Managed complex and rare conditions with consultative teams. Customized care in the context of the patients overall health and preferences.**

Medical Knowledge

With regard to the resident's medical knowledge (select all that apply)...

- **Identified some common patterns of signs and symptoms; had difficulty applying knowledge to clinical situations**
- **Demonstrated sufficient knowledge to diagnose and treat common conditions that require hospitalization.**
- **Demonstrated sufficient knowledge to evaluate common ambulatory conditions**
- **Demonstrated sufficient knowledge to diagnose and treat undifferentiated and emergent conditions.**

Ambulatory Evaluation

- **Demonstrated sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions.**
- **Understood the relevant pathophysiology and basic science for uncommon or complex medical conditions.**
- **Demonstrated sufficient knowledge of socio-behavioral sciences including but not limited to health care economics, medical ethics, and medical education.**

Practice based learning

Select the statement that BEST EXEMPLIFIES how the resident managed a panel of patients (select one)...

- **Demonstrated struggles in all areas of outpatient management (please explain in areas for improvement below).**
- **Appreciated the responsibility to assess and improve care collectively for a panel of patients**
- **Performed or reviewed an audit of a panel of patients; reflected on audit compared to benchmarks.**
- **Explored possible explanations for deficiencies in the audit, including doctor-related, system-related, and patient-related factors**
- **Identified areas in resident's own practice and local system that could be changed to improve or affect the processes and outcomes of care.**

Interpersonal and communication skills/Professionalism

With regard to communication, this resident (select all of the following that apply)...

- **Had difficulty with communication with patients/advocates (e.g. rushed, did not use active listening techniques, did not address patients' questions/concerns, used medical jargon, etc.)**
- **Completed charting (including notes and orders) promptly**
- **Provided timely and comprehensive verbal and written communication to patient/advocates during and between visits (may include phone, electronically, group visits)**
- **Used communication skills to build a therapeutic relationship**
- **Appropriately counseled patients about the risks and benefits of test and procedures, highlighting cost awareness and resource allocation**

Ambulatory Evaluation

- **Engaged patients/advocates in shared decision making for difficult or ambiguous diagnostic and therapeutic scenarios**

With regard to personal accountability, this resident (select all of the following that apply)...

- **Struggled in all areas of personal accountability (please explain in areas for improvement below).**
- **Dressed and behaved appropriately. Responded promptly and appropriately to clinical responsibilities including but not limited to calls and pages.**
- **Maintained professional relationships with patients, families and staff. Ensured prompt completion of clinical, administrative and curricular tasks, including interactions with colleagues, patients and caregivers.**
- **Recognized and addressed personal, psychological and physical limitations that may affect professional performance.**
- **Recognized the scope of his/her abilities and ask for supervision and assistance appropriately.**

As a member of an interprofessional team, this resident (select all the statements that apply)..

- **Struggled in all aspects of working in an interprofessional team (please explain in areas for improvement below).**
- **Appreciated the roles of a variety of health care providers including, but not limited to: consultants, therapists, nurses, home care workers, pharmacists, and social workers.**
- **Engaged in collaborative communication with all members of the health care team.**
- **Worked effectively as a member within the interprofessional team to ensure safe patient care.**
- **Considered alternative solutions provided by other teammates.**
- **Demonstrated how to manage the team by utilizing the skills and coordinating the activities of interprofessional team members.**

The resident is able to complete the following outpatient core competencies (select all that apply)...

Ambulatory Evaluation

- **Provided appropriate preventive care**
- **Educated patients regarding self-care**
- **Appropriately used agenda setting and managed time with patients**
- **Demonstrated management of chronic diseases**
- **Used motivational interviewing to help a patient change health related behaviors.**
- **Engaged a patient in advanced care planning**
- **Demonstrated cost-effective care principles (minimized unnecessary tests/reflected awareness of socio-economic barriers that affect patients).**
- **Unable to do any of these (please explain in areas for improvement below)**

Strengths of this resident *required*

Areas for improvement (please be specific) *required*

Confidential Comments (NOT REQUIRED)

PLEASE PROVIDE FEEDBACK TO THE PROGRAM ON THIS EVALUTION IN TERMS OF EASE OF USE AND CONTENT (OPTIONAL)

ICU Evaluation

Instructions: This is a milestone-based evaluation. Milestones build upon each other. Unless the question is a “Select All That Apply” type, selecting a milestone assumes accomplishment of lesser milestones (those above it). These can be pictured as being on a spectrum, with milestones on the top indicating less advanced and those below indicating more advanced skills. If there is a discrepancy for a resident, please note that in the comments section below.

When gathering historical data the resident...(select one)

- Acquired ONLY basic medical history without further history supplementation
- Acquired a thorough history from patients and/or families in an efficiently hypothesis driven fashion, such as a review of systems tailored to a differential diagnosis
- Effectively obtained and integrated secondary sources of history (e.g. family, records, pharmacy)
- Obtained subtle history that impacted diagnosis and treatment, including information that may not often be volunteered by patients or families.
- Role modeled gathering subtle and reliable information for junior members of the healthcare team.

In terms of clinical reasoning, the resident...(select one)

- Had difficulty synthesizing all available data, except for the most common disease presentations
- Recognized situations requiring immediate care, and sought additional guidance when needed
- Synthesized all available data to define each patient’s central clinical problem.
- Developed prioritized differential diagnoses, and evidence-based diagnostic and therapeutic plans for common ICU conditions.
- Modified differential diagnosis and care plan based upon clinical course and data as appropriate.
- Recognized disease presentations that deviated from common patterns and that required complex decision making.

The resident successfully completed the following core ICU competencies during my time on service (select all that apply):

- Accurately tracked important changes in the physical examination over time in the ICU, such as monitoring for signs of shock
- Interpreted chest x-rays for common lung disorders
- Identifies various sources and types of shock
- Delivered appropriate goal-directed therapy for severe sepsis

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ICU Evaluation

- Appropriately manage basic ventilator settings and changes
- Recognizes ARDS and initiates lung protective ventilation

With regard to their medical knowledge, the resident...(select one)

- Was unable to demonstrate sufficient knowledge to diagnose and treat common ICU conditions.
- Demonstrated sufficient knowledge & understanding of pathophysiology for common conditions in the intensive care unit
- Initiated evidence-based treatment of unstable patients with emergent medical conditions
- Evaluated complex conditions and multiple coexistent conditions, applying principles of evidence-based medicine, cost-effective care & medical ethics.

Select the statement that MOST reflects how the residents capacity for self-assessment (select one)

- The resident did not show any evidence of self-assessment.
- Identifies personal strengths and weaknesses, and demonstrates an ability to set learning goals
- Maintains awareness of the situation in the moment and responds to meet situational needs in a timely fashion.
- Reflects on feedback or surprising events, applying new insights to future clinical scenarios.

As a teacher, the resident (select one)....

- Did not show active participation in learning or teaching
- Actively participated in ICU teaching rounds/sessions
- Initiated teaching with junior members of the healthcare team.
- Integrated teaching, feedback, and evaluation with supervision of interns and students.

With regard to their interpersonal and communication skills, the resident (select one)

- Had difficulty establishing a therapeutic relationship with patients and families, such as poor non-verbal skills or excessive use of jargon
- Effectively used verbal and non-verbal skills to provide timely communication to patients/families
- Effectively communicated with other caregivers in order to maintain appropriate continuity during handoffs

ICU Evaluation

- Engaged families in shared decision-making that reflected patient's goals of care
- Was able to direct family conferences & engage in discussions regarding end of life care

With regard to professionalism, the resident (select one)....

- Was untruthful either at baseline or when stressed.
- Documented and reported clinical information truthfully
- Accepted personal errors and honestly acknowledged them
- Acknowledges personal and team-based errors and communicated constructive feedback to other members of the health care team

With regard to professionalism, select all of the following statements that apply...

- Was unable to maintain professional relationships while on service.
- Responded promptly and appropriately to clinical responsibilities including but not limited to calls and pages.
- Ensured prompt completion of clinical, administrative and curricular tasks, including interactions with colleagues, patients and caregivers.
- Provided support (physical, psychological, social and spiritual) for dying patients and their families
- Served as a professional role model and leader of the team

As a member of an interprofessional team, the resident (select one)....

- Did not appreciate the importance of an interprofessional team
- Appreciated the roles of a variety of providers, including, but not limited to, therapists, nurses, pharmacists, and social workers.
- Collaboratively considered alternative solutions provided by other teammates.
- Demonstrated how to manage the team by utilizing the skills and coordinating the activities of interprofessional team members.

Strengths of this resident *required*

ICU Evaluation

Areas for improvement (please be specific) *required*

Confidential Comments (NOT REQUIRED)

**PLEASE PROVIDE FEEDBACK TO THE PROGRAM ON THIS EVALUTION IN
TERMS OF EASE OF USE AND CONTENT (OPTIONAL)**

Consult Evaluation

Instructions: This is a milestone-based evaluation. Milestones build upon each other. Unless the question is a “Select All That Apply” type, selecting a milestone assumes accomplishment of lesser milestones described above it. These can be pictured as being on a spectrum, with milestones on the top indicating less advanced and those below indicating more advanced skills. If there is a discrepancy for a resident, please note that in the comments section below.

When gathering historical data, the resident (select one)...

- Acquires ONLY basic medical history from the patient, including a chief complaint, and pursues some relevant symptoms (Explain in areas for improvement below)
- Acquires a thorough medical history from the patient in an efficient hypothesis-driven fashion, such as a Review of Systems that is tailored to a differential diagnosis
- Effectively obtains and integrates secondary sources of history (eg, family, old records) to supplement thorough medical history from the patient
- Actively obtains subtle history that impacts diagnosis and treatment, including information not often volunteered by the patient
- Is a role model for obtaining a subtle, prioritized medical history for junior members of the health care team

When performing a physical exam the resident (select one)...

- Was unable to perform an accurate physical examination (Explain in areas for improvement below)
- Performed an accurate physical examination only for normal conditions; had difficulty with abnormal exam findings
- Performed an accurate physical examination that appropriately targeted the patient's complaints and medical conditions. Identified pertinent abnormalities using common maneuvers.
- Accurately tracked important changes in the physical examination over time in the inpatient settings.
- Demonstrated and taught how to elicit important physical findings for junior members of the healthcare team.
- Routinely identified subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable.

In terms of clinical reasoning the resident (select all that apply)...

Consult Evaluation

- Was unable to synthesize data in a coherent way. (Explain in areas for improvement below)
- Had difficulty synthesizing all available data, except for the most common disease presentations (Explain in areas for improvement below)
- Synthesized all available data, including interview, physical examination, and preliminary laboratory data, to define each patient's central clinical problem.
- Developed prioritized differential diagnoses, evidence-based diagnostic and therapeutic plans for common conditions
- Modified differential diagnosis and care plan based upon clinical course and data as appropriate.
- Recognized disease presentations that deviated from common patterns and that required complex decision making.

In regards to this resident's patient management skills (select one)...

- Unable to recognize situations with a need for urgent or emergent medical care including life threatening conditions. (Explain in areas for improvement below)
- Recognized situations with a need for urgent or emergent medical care including life threatening conditions. Recognized when to seek additional guidance.
- With minimal supervision, managed patients with common and complex clinical disorders seen in the practice of inpatient general internal medicine.
- Independently managed patients with a broad spectrum of clinical disorders seen in the practice of general internal medicine.
- Independently managed patients with a broad spectrum of clinical disorders seen in the practice of general internal medicine. Managed complex and rare conditions with consultative teams. Customized care in the context of the patients overall health and preferences.

With regards to their skills as a consultant, the resident is (select one)....

- Unresponsive to concerns/questions of others when acting as a consultant
- Inconsistent in management of patients as a consultant to other health care teams and in application of risk assessment principles as a consultant
- Able to provide consulting services for patients with clinical problems requiring basic risk assessment
- Provides consultation for patients with complex clinical problems who may require higher risk assessment.
- Switches between the role of primary care physician and consultant with ease. Able to provide consultation for very complex patients.

Consult Evaluation

With regard to the resident's medical knowledge (select all that apply)...

- Was unable to demonstrate sufficient knowledge to diagnose and treat common condition. (Explain in areas for improvement below)
- Identified some common patterns of signs and symptoms; had difficulty applying knowledge to clinical situations
- Demonstrated sufficient knowledge to diagnose and treat common conditions that require hospitalization.
- Demonstrated sufficient knowledge to diagnose and treat undifferentiated and emergent conditions.
- Demonstrated sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions.
- Understood the relevant pathophysiology and basic science for uncommon or complex medical conditions.
- Demonstrated sufficient knowledge of socio-behavioral sciences including but not limited to health care economics, medical ethics, and medical education.

In regards to feedback, this resident (select one)...

- The resident was not receptive to feedback. (Explain in areas for improvement below)
- Responded to feedback from all members of the health care team including peers, faculty, students, and patients.
- Actively sought feedback from all members of the health care team. Calibrated self-assessment with feedback and other external data.
- Actively sought feedback and reflected on feedback in developing plans for improvement.

In regards to his/her teaching milestones (lowest to highest), as a resident teacher

- Did none of these things. (Explain in areas for improvement below)
- Was responsive to questions posed by junior members of the team
- Initiated teaching with junior members of the team.
- Integrated teaching, feedback, and evaluation with supervision of interns and students.
- Effectively assessed the needs of different learners and assumed the leadership role in the education of members of the healthcare team.

Consult Evaluation

With regard to personal accountability, this resident (select all of the following statements that apply)...

- Dressed and behaved appropriately. Responded promptly and appropriately to clinical responsibilities including but not limited to calls and pages.
- Maintained professional relationships with patients, families and staff. Ensured prompt completion of clinical, administrative and curricular tasks, including interactions with colleagues, patients and caregivers.
- Recognized and addressed personal, psychological and physical limitations that may affect professional performance.
- Recognized the scope of his/her abilities and ask for supervision and assistance appropriately.
- Served as a professional role model for more junior colleagues. Recognized the need to assist colleagues in the provision of duties.

As a member of an interprofessional team, this resident (select all the statements that apply)...

- Appreciated the roles of a variety of health care providers, including, but not limited to, consultants, therapists, nurses, home care workers, pharmacists, and social workers. Effectively communicated plan of care to all members of the health care team.
- Engaged in collaborative communication with all members of the health care team.
- Worked effectively as a member within the interprofessional team to ensure safe patient care.
- Considered alternative solutions provided by other teammates.
- Demonstrated how to manage the team by utilizing the skills and coordinating the activities of interprofessional team members.

Strengths of this resident *required*

Areas for improvement (please be specific) *required*

Consult Evaluation

Confidential Comments (NOT REQUIRED)

PLEASE PROVIDE FEEDBACK TO THE PROGRAM ON THIS EVALUTION IN TERMS OF EASE OF USE AND CONTENT (OPTIONAL)

Peer Evaluation

Instructions: This is a milestone-based evaluation. Milestones build upon each other. Unless the question is a “Select All That Apply” type, selecting a milestone assumes accomplishment of lesser milestones (those above it). These can be pictured as being on a spectrum, with milestones on the top indicating less advanced and those below indicating more advanced skills. If there is a discrepancy for a resident, please note that in the comments section below.

Select the answer that BEST EXEMPLIFIES the resident’s patient management skills on this milestone (lowest to highest) spectrum.

- Unable to recognize situations with a need for urgent or emergent medical care including life threatening conditions (please explain in areas for improvement below)
- Recognized situations requiring urgent/emergent care including life threatening conditions. Recognized when to seek additional guidance.
- With minimal supervision, managed patients with common and complex clinical disorders seen in the practice of inpatient general internal medicine.
- Independently managed patients with a broad spectrum of clinical disorders seen in the practice of internal medicine.
- Independently managed patients with a broad spectrum of clinical disorders seen in the practice of internal medicine. Managed complex and rare conditions with consultative teams. Customized care in the context of the patients overall health and preferences.

With regard to the resident’s medical knowledge (select all that apply)..

- Was unable to demonstrate sufficient knowledge to diagnose and treat common conditions (please explain in areas for improvement below).
- Identified some common patterns of signs and symptoms; had difficulty applying knowledge to clinical situations
- Demonstrated sufficient knowledge to diagnose and treat common conditions requiring hospitalization.
- Demonstrated sufficient knowledge to diagnose and treat undifferentiated/emergent conditions.

Peer Evaluation

- Demonstrated sufficient knowledge to evaluate complex/rare medical conditions and coexistent conditions.
- Understood the relevant pathophysiology for uncommon/complex medical conditions.
- Demonstrated sufficient knowledge of socio-behavioral sciences including but not limited to health care economics, medical ethics, and medical education.

Select the statement that MOST reflects how the resident dealt with feedback on this milestone (lowest to highest) spectrum (for residents evaluating interns)

- The resident was not receptive to feedback (please explain in areas for improvement below).
- Responded to feedback from all members of the health care team including peers, faculty, students, nurses and patients.
- Actively sought feedback from all members of the health care team. Calibrated self-assessment with feedback and other external data.
- Actively sought feedback and reflected on feedback in developing plans for improvement.

In regards to his/her teaching milestones (lowest to highest), as a resident teacher

- My resident was not responsive to questions and did not initiate teaching (please explain in areas for improvement below).
- Was responsive to questions posed by junior members of the team
- Initiated teaching with junior members of the team.
- Integrated teaching, feedback, and evaluation with supervision of interns and students.
- Effectively assessed the needs of different learners and assumed the leadership role in the education of members of the healthcare team.

With regard to personal accountability (select all that apply)....

- Struggled in some/all of these areas (please explain in areas for improvement below)
- Dressed and behaved appropriately. Responded promptly and appropriately to clinical responsibilities including but not limited to calls and pages.
- Maintained professional relationships with patients, families and staff. Ensured prompt completion of clinical, administrative and curricular tasks, including interactions with colleagues, patients and caregivers.

Peer Evaluation

- Recognized and addressed personal, psychological and physical limitations that may affect professional performance.
- Recognized the scope of his/her abilities and ask for supervision and assistance appropriately.
- Served as a professional role model for more junior colleagues. Recognized the need to assist colleagues in the provision of duties.

When interacting with patients and their families, the resident (select all that apply)...

- Struggled in some/all of these areas (please explain in areas for improvement below)
- Manifested unintentional bias towards patients based on their race, culture, ethnicity, age, socioeconomic status or medical problems.
- Treated patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status.
- Demonstrated awareness of common socio-economic barriers that impact patient care.
- Educated and held others accountable for patient confidentiality.
- Demonstrated incorporation of cost-awareness principles into decision-making (i.e. minimizes unnecessary tests, procedures).
- Recognized and managed conflict when patient values differ from their own.

When communicating with patients and families, the resident: (select all that apply)....

- Demonstrates difficulty in communication i.e. rushed, does not use active listening techniques, use of medical jargon in conversation (please explain in areas for improvement below)
- Effectively use verbal and non-verbal skills to create rapport and therapeutic relationships with patients/families
- Engage patients/advocates in shared decision- making for uncomplicated diagnostic and therapeutic scenarios
- Engage patients/advocates in shared decision-making for difficult, ambiguous or controversial scenarios
- Appropriately counsel patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocation
- Role modeled effective communication skills in challenging situations

Strengths of this resident *required*

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Peer Evaluation

Areas for improvement (please be specific) *required*

Confidential Comments (NOT REQUIRED)

**PLEASE PROVIDE FEEDBACK TO THE PROGRAM ON THIS EVALUTION IN TERMS OF
EASE OF USE AND CONTENT (OPTIONAL)**