

Trainee Evaluation Form for General Medicine Ward Rotation

The numbering and description of each level is NOT included on the actual evaluation form

1 (Early Intern)	2 (Mid-term Intern)	3 (Graduating Intern)	4 (JAR)	5 (SAR)
Complete supervision	Less supervision	Minimal supervision	Nearly independent	Ready for independent practice

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Blue: ABIM/ACGME reporting milestones

Red: AAIM Education Redesign Taskforce designation for milestones

N/A

PATIENT CARE (PC)- how the house officer evaluates and treats sick patients
EVALUATION SKILLS
1. Elicit patient information through history taking and use of secondary sources PC1, A1-4

Requires direct supervision to conduct an organized interview and to obtain complete and accurate history	Able to conduct organized interview but may require assistance to focus; obtains basic history but may omit key points including pertinent review of systems; learning to use secondary sources of information when needed	Interviews are organized; history complete and accurate; uses secondary sources of information most of the time	Conducts organized, efficient, focused interviews to gather pertinent and reliable history; routinely uses secondary sources of information; ready to supervise junior trainees with their basic interview skills	Uses focused and high yield interview techniques to elicit subtle information from patients and secondary sources; able to role model advanced interview and history taking skills for junior trainees
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2. Perform and interpret a physical examination PC1, B1-4

Learning basic exam skills; requires supervision during exam; may omit critical part of exam relevant to specific presentation	Basic exam skills are developed but may omit a relevant component; may require assistance with recognizing and eliciting findings; may need assistance with performing and describing specific common maneuvers and performing focused exam	Performs appropriately focused basic exam that includes the key components consistently; knows common maneuvers and able to recognize and elicit findings; may need assistance with specific advanced maneuvers; learning to teach medical students	Performs and describes with ease common and advanced maneuvers, eliciting relevant findings; ready to supervise and teach basic exam skills to junior trainees; beginning to identify subtle and unusual findings that influence clinical decision making	Performs complete, well-conducted and masterful exam with ease; ready to supervise and teach basic and comprehensive exam skills to junior trainees; routinely capable of identifying subtle and unusual findings that influence clinical decision making
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3. Utilize laboratory/diagnostic tests to evaluate patients MK2, B1-3; PC-E1-2

Learning indications, ordering, interpretation of basic and essential laboratory tests needed for diagnosis and follow up of patients under direct supervision	Knows indications for most routine tests; learning how to order routine tests; interprets routine laboratory tests correctly most of the time; learning to minimize the ordering of unnecessary tests	Routine diagnostic tests are consistently ordered appropriately, followed and acted upon in a timely manner; interprets most routine test results correctly; rarely orders unnecessary tests	Capable of supervising junior trainees in appropriate ordering and follow up of routine tests; applies test results to clinical decision making with decreasing supervision; learning indications and interpretation of some specialized diagnostic tests	Articulates with ease indications, limitations and interpretation of routine and majority of specialized tests; independently makes appropriate clinical decisions based on routine and specialized test results
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DIAGNOSIS SKILLS
4. Synthesize information from history, exam and laboratory tests to formulate diagnosis PC1, C1-4, F1

Requires direct supervision to synthesize case, to formulate differential diagnosis and to identify central clinical problem; needs assistance to articulate a basic assessment and a prioritized problem list; learning to recognize the sick patient with supervision	Identifies central clinical problem most of the time; requires assistance with basic patient assessment and prioritizing problem list; formulates limited (i.e. <3) differential diagnoses; needs supervision to reach correct diagnosis; beginning to recognize the sick patient but requires supervision with more complex cases	Identifies the central clinical problem consistently in uncomplicated cases; articulates a basic assessment and prioritized problem list; formulates 3-4 differential diagnoses; reaches correct diagnosis for common conditions most of the time; recognizes the sick patient without supervision	Articulates a comprehensive assessment and >4 differential diagnoses; reaches correct diagnosis for common and complex conditions; able to supervise and teach junior trainees with basic synthesis and diagnosis skills; recognizes the sick patient with subtle or complex conditions	Capable of independently synthesizing clinical data of both routine and complicated cases and reach correct diagnosis; routinely recognizes and uses subtle findings to aid diagnosis; capable of role-modeling diagnostic skills to multiple junior trainees on team
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PATIENT MANAGEMENT SKILLS
5. Formulate and implement initial treatment plan for patients with common acute medical conditions PC2, F4-5

Requires direct supervision to formulate and to initiate a basic treatment plan; learning to enter accurate and complete orders; learning to deliver urgent care to stabilize a sick patient under supervision	Formulates a basic treatment plan for the central problem; requires assistance with prioritization and implementation of plan; needs supervision to initiate treatment for multiple problems; needs supervision with entering complete and accurate orders; needs supervision to deliver urgent care to stabilize a sick patient	Formulates and implements a basic treatment plan for most conditions; plan is prioritized; orders are accurate and complete; delivers urgent care to stabilize a sick patient under decreasing levels of supervision; may require assistance when multiple associated medical problems are present	Manages most acute medical conditions independently; ready to supervise junior trainees to formulate and implement initial treatment plan and order entry; delivers urgent care to stabilize a sick patient under minimal supervision	Independently initiates treatment for any patient with common or complex conditions, even when multiple problems are present; independently delivers urgent care to stabilize any sick patient; serves as the team leader, supervising junior trainees as they initiate treatment for acutely ill patients
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6. Efficiently manage multiple patients with common or complex medical disorders during hospitalization PC3, F5, F8-9

Requires active, direct supervision to monitor patients daily by focused physical exam, follow-up of laboratory tests, consideration of alternative diagnostic possibilities as clinical picture evolves, to alter treatment plan as clinical and laboratory data or patient needs change, to prioritize the evaluation and treatment needs of multiple patients during daily workflow	Monitors patients daily by focused physical exam and beginning to elicit important changes; may need assistance in following laboratory tests; requires supervision to reevaluate alternative diagnostic possibilities as clinical picture evolves; needs assistance to alter treatment plan as clinical and laboratory data or patient needs change; needs assistance to prioritize the evaluation and treatment needs of multiple patients during daily workflow	Monitors patients daily by focused physical exam to elicit important changes effectively; follows on laboratory tests consistently and takes action; prioritizes the evaluation and treatment needs of multiple patients during daily workflow; evaluates alternative diagnostic possibilities as clinical picture evolves; alters treatment plan under supervision as clinical and laboratory data or patient needs change	Manages multiple patients with common disorders under decreasing levels of supervision; manages time to prioritize evaluation of sickest patients on team; ready to supervise junior trainees on the team to manage multiple patients	Capable of independently managing multiple patients with either common or complex medical conditions; teaches junior trainees how to prioritize multiple patients; serves as a role model for junior trainees on the team as the leader of the team
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COORDINATION OF PATIENT CARE
7. Recognize when to seek assistance from a colleague or a consultation from another specialty PC5, F2

Requires supervision to recognize the need for assistance; learning to recognize the requirement for a consultation, how to inform patients prior to a consultation, how to request consultations in a timely manner, and how to implement consultant recommendations appropriately	Beginning to recognize when to seek assistance and how to request a consultation; informs patients and their families prior to consultation request; may require assistance in communicating with consultants; requires supervision to implement recommendations appropriately	Knows when to seek assistance or request a consultation; communicates effectively with consultants when articulating the reason for consult; implements recommendations appropriately under decreasing level of supervision	Capable of implementing consultant recommendations appropriately with minimal supervision; ready to teach junior trainees when to seek assistance and supervise how to communicate with consultants and implement recommendations	Understands the benefits and potential limitations associated with consultant involvement in patient care; exhibits expert communication skills with consultants; serves as a role model to junior trainees while coordinating patient care as the team leader
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8. Manage patient care transitions effectively and safely SBP4, A2-3; ICS2, C1-2

Learning how to perform handoffs for hospitalized patients and during discharge planning under direct active supervision; learning to communicate with primary physician and arrange outpatient follow up	Handoffs contain relevant and key information most of the time; may require assistance to deliver concise and prioritized handoffs; supervision needed for implementation of comprehensive discharge planning; prescriptions need to be reviewed prior to discharge; learning to communicate with primary physician and arrange outpatient follow up	Handoffs are complete, prioritized, and well-communicated with decreasing level of supervision; discharge planning is comprehensive most of the time; summaries are accurate; requires feedback to maintain concise discharge summaries; prescriptions are accurate and do not require review; communication with primary physician and outpatient follow-up consistently in place with decreasing level of supervision	Handoffs and safe discharge planning are completed with minimal supervision; models appropriate handoffs to junior trainees; ready to supervise junior trainees during handoff rounds and ensuring safe discharge practice	Handoffs and safe discharge planning are completed independently; capable of supervising multiple junior trainees during handoff rounds and ensuring safe discharge practice as a role model
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MEDICAL KNOWLEDGE (MK)- what the house officer knows
9. Integrate medical knowledge with clinical reasoning skills to diagnose and manage common medical conditions MK1, A1-2, A4, A7-8

Requires direct supervision to use medical knowledge to formulate a basic differential diagnosis and to prioritize the problem list; learning to use medical knowledge effectively to establish diagnosis, and to formulate an assessment and treatment plan under direct supervision	Articulates basic knowledge of some common disorders and disease pathophysiology; requires assistance to apply medical knowledge to formulate a basic differential diagnosis and to prioritize problem list; requires direction at times to apply medical knowledge effectively to formulate assessment and treatment plan	Articulates basic knowledge of most common disorders and disease pathophysiology; capable of using medical knowledge to formulate a basic differential diagnosis and to prioritize problem list; uses medical knowledge effectively to formulate assessment and treatment plan under decreasing level of supervision	Articulates comprehensive knowledge of common disorders and disease pathophysiology; uses medical knowledge to formulate a comprehensive differential diagnosis and to implement treatment plan with minimal supervision	Possesses in-depth knowledge across a broad spectrum of medical disorders; integrates medical knowledge effectively with diagnostic skills to identify and treat common, rare, or complex disorders and multiple coexistent conditions
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PRACTICE-BASED LEARNING AND IMPROVEMENT (PBLI)- how the house officer gets better
10. Integrate self-directed learning and evidence-based medicine into clinical practice and treatment decisions PBLI1, B1-3; PBLI4, C1-4

Requires direct supervision to identify gaps in knowledge, areas of improvement and to seek out answers he/she does not know; learning to utilize information technology to support clinical decisions and for self-improvement; learning the principles of evidence-based practice	Frequently willing to seek out answers he/she does not know; benefits from occasional supervision and direction; beginning to utilize information technology effectively to support decisions and for self-improvement; beginning to understand the principles of evidence-based practice	Consistently willing to seek out answers he/she does not know under minimal supervision; consistently utilizes information technology effectively to support decisions and for self-improvement; understands the principles of evidence-based practice and beginning to apply to daily practice	Routinely uses information gained through self-directed learning in daily clinical practice; understands and incorporates principles of evidence-based medicine in daily practice	Capable of citing own experience and evidence supporting common clinical practice; capable of independently assessing and teaching principles of evidence-based practice to junior trainees and peers
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INTERPERSONAL COMMUNICATION SKILLS (ICS)- how the house officer interacts with others
11. Establish rapport and communicate effectively with patients and their families ICS1, A1-4, A6, A8

Learning under supervision how to comfortably establish rapport with patients and their families using effective communication skills; learning how to explain medical facts in layman's terms under supervision; learning to exhibit sensitivity and understanding of patients' needs, feelings, and values	Usually establishes good rapport with patients and their families; learning to explain medical facts in layman's terms; requires supervision with patient interactions for difficult situations	Communicates clearly and interacts well with patients and families; exhibits compassion and respect at all times; capable of explaining medical facts in layman's terms with minimal supervision; able to conduct difficult situation discussions under supervision	Able to conduct difficult situation discussions with decreasing levels of supervision; capable of communicating medical facts in a clear and understandable manner; ready to supervise junior trainees on team with their communication skills	Handles difficult situation discussions independently and with expertise; serves as a role model to junior trainees and peers with exemplary communication skills with patients and their families
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12. Demonstrate professional interactions with colleagues and other members of the health care team ICS2, C1-2, D2-3

Learning the dynamics of team interactions, the contributions of other team members to patient care, and how to function effectively as a member of the team under direct supervision	Beginning to function effectively as a member of the team; may require assistance with challenging interactions	Interacts well with all health care team members, including peers, senior colleagues and ancillary health care personnel; beginning to engage in leadership opportunities	Ready to serve as team leader supervising junior learners; regularly seeks contributions of others on the health care team and provides constructive feedback	Serves as a role model as team leader supervising multiple learners and the interdisciplinary healthcare team
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PROFESSIONALISM (PROF)- how the house officer acts as a medical professional

13. Exhibit behavior that is consistent with dedication to the needs and best interests of patients and society PROF1, B1-4, F2, F6, G1-2, I1, J1

<p>Learning under direct supervision to consistently demonstrate respect and compassion for all patients, to respect patient confidentiality, adhere to ethical principles of clinical practice, to exhibit honest and trustworthy behavior at all times, and to advocate for the best interests of patients</p>	<p>Demonstrates respect and compassion for patients; adheres to ethical principles of clinical practice; respects patient confidentiality; consistently exhibits honesty and trustworthiness; advocates for the best interests of patients under supervision</p>	<p>Demonstrates respect and compassion for patients; adheres to ethical principles of clinical practice; respects patient confidentiality; consistently exhibits honesty and trustworthiness; independently advocates for the best interests of patients at all times</p>	<p>Demonstrates respect and compassion for patients; adheres to ethical principles of clinical practice; respects patient confidentiality; consistently exhibits honesty and trustworthiness; independently advocates for the best interests of patients at all times; ready to supervise junior learners on the team</p>	<p>Demonstrates respect and compassion for patients; demonstrates team leadership while adhering to ethical principles of clinical practice; respects patient confidentiality; consistently exhibits honesty and trustworthiness; independently advocates for the best interests of patients at all times; capable of serving as a role model for junior trainees and peers</p>
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