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| **PATIENT CARE**  Acquire accurate and relevant history from the patient in an efficiently customized, prioritized, and hypothesis driven fashion  PC-A1 |  | Seek and obtain appropriate, verified, and prioritized data from secondary sources (e.g. family, records, pharmacy)  PC-A2 |  | Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteered by the patient  PC-A3 |
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| Role model gathering subtle and reliable information from the patient for junior members of the healthcare team  PC-A4 |  | Perform an accurate physical examination that is appropriately targeted to the patient’s complaints and medical conditions. Identify pertinent abnormalities using common maneuvers.  PC-B1 |  | Accurately track important changes in the physical examination over time in the outpatient and inpatient settings  PC-B2 |
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| Demonstrate and teach how to elicit important physical findings for junior members of the healthcare team  PC-B3 |  | Routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable  PC-B4 |  | Synthesize all available data, including interview, physical examination, and preliminary laboratory data, to define each patient’s central clinical problem  PC-C1 |
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| Develop prioritized differential diagnoses, evidence-based diagnostic and therapeutic plan for common inpatient and ambulatory conditions  PC-C2 |  | Modify differential diagnosis and care plan base on clinical course and data as appropriate  PC-C3 |  | Recognize disease presentations that deviate from common patterns and that require complex decision making  PC-C4 |
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| Appropriately perform invasive procedures and provide post-procedure management for common procedures  PC-D1 |  | Make appropriate clinical decisions based on the results of common diagnostic testing, including but not limited to routine blood chemistries, hematologic studies, coagulations tests, arterial blood gases, ECG, chest radiographs, pulmonary function tests, urinalysis and other body fluids  PC-E1 |  | Make appropriate clinical decisions based upon the results of more advanced diagnostic tests  PC-E2 |
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| Recognize situations with a need for a need for urgent or emergent medical care, including life-threatening conditions  PC-F1 |  | Recognize when to seek additional guidance  PC-F2 |  | Provide appropriate preventive care and teach patient regarding self-care  PC-F3 |
| With supervision, manage patients with common clinical disorders seen in the practice of inpatient and ambulatory general internal medicine  PC-F4 |  | With minimal supervision, manage patients with common and complex clinical disorders seen in the practice of inpatient and ambulatory general internal medicine  PC-F5 |  | Initiate management and stabilize patients with emergent medical conditions  PC-F6 |
| Manage patients with conditions that require intensive care  PC-F7 |  | Independently manage patient with a broad spectrum of clinical disorders seen in the practice of general internal medicine  PC-F8 |  | Manage complex or rare medical conditions  PC-F9 |
| Customize care in the context of the patient’s preferences and overall health  PC-F10 |  | Provide specific, responsive consultation to other services  PC-G1 |  | Provide internal medicine consultation for patients with more complex clinical problems require detailed risk assessment  PC-G2 |
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**MEDICAL KNOWLEDGE**

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| Understand the relevant pathophysiology and basic science for common medical conditions  MK-A1 |  | Demonstrate sufficient knowledge to diagnose and treat common conditions that require hospitalization  MK-A2 |  | Demonstrate sufficient knowledge to evaluate common ambulatory conditions  MK-A3 |
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| Demonstrate sufficient knowledge to diagnose and treat undifferentiated and emergent conditions  MK-A4 |  | Demonstrate sufficient knowledge to provide preventive care  MK-A5 |  | Demonstrate sufficient knowledge to identify and treat medical conditions that require intensive care  MK-A6 |
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| Demonstrate sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditions  MK-A7 |  | Understand the relevant pathophysiology and basic science for uncommon or complex medical conditions  MK-A8 |  | Demonstrate sufficient knowledge of socio-behavioral sciences including but not limited to health care economics, medical ethics and medical education  MK-A9 |
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| Understand indications for and basic interpretation of common diagnostic testing, including but not limited to routine blood chemistries, hematologic studies, coagulation studies, arterial blood gases, ECG, chest radiographs, pulmonary function tests, urinalysis and other body fluids  MK-B1 |  | Understand indications for and has basic skills in interpreting more advanced diagnostic tests  MK-B2 |  | Understand prior probability and test performance characteristics  MK-B3 |
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**PRACTICE-BASED LEARNING & IMPROVEMENT**

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| Appreciate the responsibility to assess and improve care collectively for a panel of patients  PBLI-A1 |  | Perform or review audit of a panel of patients using standardized, disease-specific, and evidence-based criteria  PBLI-A2 |  | Reflect on audit compared with local or national benchmarks and explore possible explanations for deficiencies, including doctor-related, system-related, and patient-related factors  PBLI-A3 |
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| Identify areas in resident's own practice and local system that can be changed to improve the processes and outcomes of care  PBLI-A4 |  | Engage in a quality improvement intervention  PBLI-A5 |  | Identify learning needs (clinical questions) as they emerge in patient care activities  PBLI-B1 |
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| Classify and precisely articulate clinical questions  PBLI-B2 |  | Develop a system to track, pursue, and reflect on clinical questions  PBLI-B3 |  | Access medical information resources to answer clinical questions and support decision making  PBLI-C1 |
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| Effectively and efficiently search NLM databases for original clinical research articles  PBLI-C2 |  | Effectively and efficiently search evidence-based summary medical information resources  PBLI-C3 |  | Appraise the quality of medical information resources and select among them based on the characteristics of the clinical question  PBLI-C4 |
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| With assistance, appraise study design, conduct, and statistical analysis in clinical research papers  PBLI-D1 |  | With assistance, appraise clinical guidelines  PBLI-D2 |  | Independently appraise study design, conduct and statistical analysis in clinical research papers  PBLI-D3 |
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| Independently appraise clinical guideline recommendations for bias and cost-benefit considerations  PBLI-D4 |  | Determine if clinical evidence can be generalized to an individual patient  PBLI-E1 |  | Customize clinical evidence for an individual patient  PBLI-E2 |
| Communicate risks and benefits to alternative to patients  PBLI-E3 |  | Integrate clinical evidence, clinical context, and patient preferences into decision-making  PBLI-E4 |  | Respond welcomingly and productively to feedback from all members of the health care team including faculty, peer residents, students, nurses, allied health workers, patients and their advocates  PBLI-F1 |
| Actively seek feedback from all members of the health care team  PBLI-F2 |  | Calibrate self-assessment with feedback and other external data  PBLI-F3 |  | Reflect on feedback in developing plans for improvement  PBLI-F4 |
| Maintain awareness of the situation in the moment, and respond to meet situational needs  PBLI-G1 |  | Reflect (in action) when surprised, applies new insights to future clinical scenarios, and reflects (on action) back on the process  PBLI-G2 |  | Actively participate in teaching conferences  PBLI-H1 |
| Integrate teaching, feedback and evaluation with supervision of interns' and students' patient care  PBLI-H2 |  | Take a leadership role in the education of all members of the health care team  PBLI-H3 |  |  |

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| Provide timely and comprehensive verbal and written communication to patients/advocates  ICS-A1 |  | Effectively use verbal and nonverbal skills to create rapport with patients/families  ICS-A2 |  | Use communication skills to build a therapeutic relationship  ICS-A3 |
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| Engage patients/advocates in shared decision making for uncomplicated diagnostic and therapeutic scenarios  ICS-A4 |  | Utilize patient centered educational strategies  ICS-A5 |  | Engage patient/advocates in shared decision-making for difficult, ambiguous or controversial scenarios  ICS-A6 |
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| Appropriately counsel patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocation  ICS-A7 |  | Role model effective communication skills in challenging situations  ICS-A8 |  | Effectively use an interpreter to engage patient in the clinical setting, including patient education  ICS-B1 |
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| Demonstrate sensitivity to differences in patients including but not limited to race, culture, gender, sexual orientation, socioeconomic status, literacy, and religious beliefs  ICS-B2 |  | Actively seek to understand patient differences and views and reflects this in respectful communication and shared decision-making with the patient and the healthcare team  ICS-B3 |  | Effectively communicate with other caregivers in order to maintain appropriate continuity during transitions of care  ICS-C1 |
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| Role model and teach effective communication with next caregivers during transitions of care  ICS-C2 |  | Deliver appropriate, succinct, hypothesis-driven oral presentations  ICS-D1 |  | Effectively communicate plan of care to all members of the health care team  ICS-D2 |
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**INTERPERSONAL & COMMUNICATION SKILLS**

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| Engage in collaborative communication with all members of the health care team  ICS-D3 |  | Request consultative services in an effective manner  ICS-E1 |  | Clearly communicate the role of consultant to the patient, in support of the primary care relationship  ICS-E2 |
| Communicate consultative recommendations to the referring team in an effective manner  ICS-E3 |  | Provide legible, accurate, complete, and timely written communication that is congruent with medical standards  ICS-F1 |  | Ensure succinct, relevant and patient-specific written communication  ICS-F2 |
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| Document and report clinical information truthfully  P-A1 |  | Follow formal policies  P-A2 |  | Accept personal errors and honestly acknowledge them  P-A3 |
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| Uphold ethical expectations of research and scholarly activity  P-A4 |  | Demonstrate empathy and compassion to all patients  P-B1 |  | Demonstrate a commitment to relieve pain and suffering  P-B2 |
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| Provide support (physical, psychological, social and spiritual) for dying patients and their families  P-B3 |  | Provide leadership for a team that respects patient dignity and autonomy  P-B4 |  | Communicate constructive feedback to other members of the health care team  P-C1 |
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| Recognize, respond to and report impairment in colleagues or substandard care via peer review process  P-C2 |  | Respond promptly and appropriately to clinical responsibilities including but not limited to calls and pages  P-D1 |  | Carry out timely interactions with colleagues, patients, and their designated caregivers  P-D2 |
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| Recognize and manage obvious conflicts of interest, such as caring for family members and professional associates as patients  P-E1 |  | Maintain ethical relationships with industry  P-E2 |  | Recognize and manage subtler conflicts of interest  P-E3 |
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**PROFESSIONALISM**

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| Dress and behave appropriately  P-F1 |  | Maintain appropriate professional relationships with patients, families and staff  P-F2 |  | Ensure prompt completion of clinical, administrative and curricular tasks  P-F3 |
| Recognize and address personal, psychological, and physical limitations that may affect professional performance  P-F4 |  | Recognize the scope of his/her abilities and ask for supervision and assistance appropriately  P-F5 |  | Serve as a professional role model for more junior colleagues (e.g. medical students, interns)  P-F6 |
| Recognize the need to assist colleagues in the provision of duties  P-F7 |  | Recognize when it is necessary to advocate for individual patient needs  P-G1 |  | Effectively advocate for individual patient needs  P-G2 |
| Recognize and take responsibility for situations where public health supersedes individual health (e.g. reportable infectious diseases)  P-H1 |  | Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age, or socioeconomic status  P-I1 |  | Recognize and manage conflict when patient values differ from their own  P-I2 |
| Maintain patient confidentiality  P-J1 |  | Educate and hold others accountable for patient confidentiality  P-J2 |  | Recognize that disparities exist in health care among populations and that they may impact care of the patient  P-K1 |
| Embrace physicians' role in assisting the public and policy makers in understanding and addressing causes of disparity in disease and suffering  P-K2 |  | Advocates for appropriate allocation of limited health care resources  P-K3 |  |  |

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| Understand unique roles and services provided by local health care delivery systems  SBP-A1 |  | Manage and coordinate care and care transitions across multiple delivery systems, including ambulatory, sub acute, acute, rehabilitation and skilled nursing  SBP-A2 |  | Negotiate patient-centered care among multiple care providers  SBP-A3 |
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| Appreciate roles of a variety of health care providers, including but not limited to consultants, therapists, nursed, home care workers, pharmacists, and social workers  SBP-B1 |  | Work effectively as a member within the interprofessional team to ensure safe patient care  SBP-B2 |  | Consider alternative solutions provided by other teammates  SBP-B3 |
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| Demonstrate how to manage the team by utilizing the skills and coordinating the activities of interprofessional team members  SBP-B4 |  | Recognize health system forces that increase the risk for error including barriers to optimal care  SBP-C1 |  | Identify, reflect on, and learn from critical incidents such as near misses and preventable medical errors  SBP-C2 |
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| Dialogue with care team members to identify risk for and prevention of medical error  SBP-C3 |  | Understand the mechanisms for analysis and correction of systems errors  SBP-C4 |  | Demonstrate ability to understand and engage in a system level quality improvement initiative  SBP-C5 |
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| Partner with other healthcare team professionals to identify, propose improvement opportunities within the system  SBP-C6 |  | Reflect awareness of common socio-economic barriers that impact patient care  SBP-D1 |  | Understand how cost-benefit analysis is applied to patient care (i.e. via principles of screening tests and the development of clinical guidelines  SBP-D2 |
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**SYSTEMS-BASED PRACTICE**

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| Identify the role of various health care stakeholders including providers, suppliers, financiers, purchasers and consumers and their varied impact on the cost of and access to health care  SBP-D3 |  | Understand coding and reimbursement principles  SBP-D4 |  | Identify costs for common diagnostic or therapeutic tests  SBP-E1 |
| Minimize unnecessary care including tests, procedures, therapies and ambulatory or hospital encounters  SBP-E2 |  | Demonstrate the incorporation of cost-awareness principles into standard clinical judgments and decision-making  SBP-E3 |  | Demonstrate the incorporation of cost-awareness principles into complex clinical scenarios  SBP-E4 |
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