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|  **PATIENT CARE** Acquire accurate and relevant history from the patient in an efficiently customized, prioritized, and hypothesis driven fashionPC-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 patientPC-A3 |
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| Role model gathering subtle and reliable information from the patient for junior members of the healthcare teamPC-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 settingsPC-B2 |
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| Demonstrate and teach how to elicit important physical findings for junior members of the healthcare teamPC-B3 |  | Routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicablePC-B4 |  | Synthesize all available data, including interview, physical examination, and preliminary laboratory data, to define each patient’s central clinical problemPC-C1 |
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| Develop prioritized differential diagnoses, evidence-based diagnostic and therapeutic plan for common inpatient and ambulatory conditionsPC-C2 |  | Modify differential diagnosis and care plan base on clinical course and data as appropriatePC-C3 |  | Recognize disease presentations that deviate from common patterns and that require complex decision makingPC-C4 |
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| Appropriately perform invasive procedures and provide post-procedure management for common proceduresPC-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 fluidsPC-E1 |  | Make appropriate clinical decisions based upon the results of more advanced diagnostic testsPC-E2 |
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| Recognize situations with a need for a need for urgent or emergent medical care, including life-threatening conditionsPC-F1 |  | Recognize when to seek additional guidancePC-F2 |  | Provide appropriate preventive care and teach patient regarding self-carePC-F3 |
| With supervision, manage patients with common clinical disorders seen in the practice of inpatient and ambulatory general internal medicinePC-F4 |  | With minimal supervision, manage patients with common and complex clinical disorders seen in the practice of inpatient and ambulatory general internal medicinePC-F5 |  | Initiate management and stabilize patients with emergent medical conditionsPC-F6 |
| Manage patients with conditions that require intensive carePC-F7 |  | Independently manage patient with a broad spectrum of clinical disorders seen in the practice of general internal medicinePC-F8 |  | Manage complex or rare medical conditionsPC-F9 |
| Customize care in the context of the patient’s preferences and overall healthPC-F10 |  | Provide specific, responsive consultation to other servicesPC-G1 |  | Provide internal medicine consultation for patients with more complex clinical problems require detailed risk assessmentPC-G2 |
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**MEDICAL KNOWLEDGE**

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| Understand the relevant pathophysiology and basic science for common medical conditionsMK-A1 |  | Demonstrate sufficient knowledge to diagnose and treat common conditions that require hospitalizationMK-A2 |  | Demonstrate sufficient knowledge to evaluate common ambulatory conditionsMK-A3 |
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| Demonstrate sufficient knowledge to diagnose and treat undifferentiated and emergent conditionsMK-A4 |  | Demonstrate sufficient knowledge to provide preventive careMK-A5 |  | Demonstrate sufficient knowledge to identify and treat medical conditions that require intensive careMK-A6 |
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| Demonstrate sufficient knowledge to evaluate complex or rare medical conditions and multiple coexistent conditionsMK-A7 |  | Understand the relevant pathophysiology and basic science for uncommon or complex medical conditionsMK-A8 |  | Demonstrate sufficient knowledge of socio-behavioral sciences including but not limited to health care economics, medical ethics and medical educationMK-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 fluidsMK-B1 |  | Understand indications for and has basic skills in interpreting more advanced diagnostic testsMK-B2 |  | Understand prior probability and test performance characteristicsMK-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 patientsPBLI-A1 |  | Perform or review audit of a panel of patients using standardized, disease-specific, and evidence-based criteriaPBLI-A2 |  | Reflect on audit compared with local or national benchmarks and explore possible explanations for deficiencies, including doctor-related, system-related, and patient-related factorsPBLI-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 carePBLI-A4 |  | Engage in a quality improvement interventionPBLI-A5 |  |  Identify learning needs (clinical questions) as they emerge in patient care activitiesPBLI-B1 |
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| Classify and precisely articulate clinical questionsPBLI-B2 |  | Develop a system to track, pursue, and reflect on clinical questionsPBLI-B3 |  | Access medical information resources to answer clinical questions and support decision makingPBLI-C1 |
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| Effectively and efficiently search NLM databases for original clinical research articlesPBLI-C2 |  | Effectively and efficiently search evidence-based summary medical information resourcesPBLI-C3 |  | Appraise the quality of medical information resources and select among them based on the characteristics of the clinical questionPBLI-C4 |
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| With assistance, appraise study design, conduct, and statistical analysis in clinical research papersPBLI-D1 |  | With assistance, appraise clinical guidelines PBLI-D2 |  | Independently appraise study design, conduct and statistical analysis in clinical research papersPBLI-D3 |
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| Independently appraise clinical guideline recommendations for bias and cost-benefit considerationsPBLI-D4 |  | Determine if clinical evidence can be generalized to an individual patientPBLI-E1 |  | Customize clinical evidence for an individual patientPBLI-E2 |
| Communicate risks and benefits to alternative to patientsPBLI-E3 |  | Integrate clinical evidence, clinical context, and patient preferences into decision-makingPBLI-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 advocatesPBLI-F1 |
| Actively seek feedback from all members of the health care teamPBLI-F2 |  | Calibrate self-assessment with feedback and other external dataPBLI-F3 |  | Reflect on feedback in developing plans for improvementPBLI-F4 |
| Maintain awareness of the situation in the moment, and respond to meet situational needsPBLI-G1 |  | Reflect (in action) when surprised, applies new insights to future clinical scenarios, and reflects (on action) back on the processPBLI-G2 |  | Actively participate in teaching conferencesPBLI-H1 |
| Integrate teaching, feedback and evaluation with supervision of interns' and students' patient carePBLI-H2 |  | Take a leadership role in the education of all members of the health care teamPBLI-H3 |  |  |

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| Provide timely and comprehensive verbal and written communication to patients/advocatesICS-A1 |  | Effectively use verbal and nonverbal skills to create rapport with patients/familiesICS-A2 |  | Use communication skills to build a therapeutic relationshipICS-A3 |
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| Engage patients/advocates in shared decision making for uncomplicated diagnostic and therapeutic scenariosICS-A4 |  | Utilize patient centered educational strategiesICS-A5 |  | Engage patient/advocates in shared decision-making for difficult, ambiguous or controversial scenariosICS-A6 |
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| Appropriately counsel patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocationICS-A7 |  | Role model effective communication skills in challenging situationsICS-A8 |  | Effectively use an interpreter to engage patient in the clinical setting, including patient educationICS-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 beliefsICS-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 teamICS-B3 |  | Effectively communicate with other caregivers in order to maintain appropriate continuity during transitions of careICS-C1 |
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| Role model and teach effective communication with next caregivers during transitions of careICS-C2 |  | Deliver appropriate, succinct, hypothesis-driven oral presentationsICS-D1 |  | Effectively communicate plan of care to all members of the health care teamICS-D2 |
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**INTERPERSONAL & COMMUNICATION SKILLS**

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

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| Dress and behave appropriatelyP-F1 |  | Maintain appropriate professional relationships with patients, families and staffP-F2 |  |  Ensure prompt completion of clinical, administrative and curricular tasksP-F3 |
| Recognize and address personal, psychological, and physical limitations that may affect professional performanceP-F4 |  | Recognize the scope of his/her abilities and ask for supervision and assistance appropriatelyP-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 dutiesP-F7 |  | Recognize when it is necessary to advocate for individual patient needsP-G1 |  | Effectively advocate for individual patient needsP-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 statusP-I1 |  | Recognize and manage conflict when patient values differ from their ownP-I2 |
| Maintain patient confidentialityP-J1 |  | Educate and hold others accountable for patient confidentialityP-J2 |  | Recognize that disparities exist in health care among populations and that they may impact care of the patientP-K1 |
| Embrace physicians' role in assisting the public and policy makers in understanding and addressing causes of disparity in disease and sufferingP-K2 |  | Advocates for appropriate allocation of limited health care resourcesP-K3 |  |  |

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| Understand unique roles and services provided by local health care delivery systemsSBP-A1 |  | Manage and coordinate care and care transitions across multiple delivery systems, including ambulatory, sub acute, acute, rehabilitation and skilled nursingSBP-A2 |  | Negotiate patient-centered care among multiple care providersSBP-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 workersSBP-B1 |  | Work effectively as a member within the interprofessional team to ensure safe patient careSBP-B2 |  | Consider alternative solutions provided by other teammatesSBP-B3 |
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| Demonstrate how to manage the team by utilizing the skills and coordinating the activities of interprofessional team membersSBP-B4 |  | Recognize health system forces that increase the risk for error including barriers to optimal careSBP-C1 |  | Identify, reflect on, and learn from critical incidents such as near misses and preventable medical errorsSBP-C2 |
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| Dialogue with care team members to identify risk for and prevention of medical errorSBP-C3 |  | Understand the mechanisms for analysis and correction of systems errorsSBP-C4 |  | Demonstrate ability to understand and engage in a system level quality improvement initiativeSBP-C5 |
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| Partner with other healthcare team professionals to identify, propose improvement opportunities within the systemSBP-C6 |  | Reflect awareness of common socio-economic barriers that impact patient careSBP-D1 |  | Understand how cost-benefit analysis is applied to patient care (i.e. via principles of screening tests and the development of clinical guidelinesSBP-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 careSBP-D3 |  | Understand coding and reimbursement principlesSBP-D4 |  | Identify costs for common diagnostic or therapeutic testsSBP-E1 |
| Minimize unnecessary care including tests, procedures, therapies and ambulatory or hospital encountersSBP-E2 |  | Demonstrate the incorporation of cost-awareness principles into standard clinical judgments and decision-makingSBP-E3 |  | Demonstrate the incorporation of cost-awareness principles into complex clinical scenariosSBP-E4 |
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