1 - ICU EVALUATION

NOTE: LEVEL 1 behaviors constitute critical deficiencies. Most beginning R1's will be at level 2. Most R'2 will be at LEVELS 2-4. Graduating R3's should be at LEVEL 4 across most subcompetencies. LEVEL 5 includes behaviors of role model attendings.

ITEM NUMBER	SUBCOMPETENCY	DESCRIPTION	CRITICAL DEFICIENCIES			UNSUPERVISED PRACTICE	ATTENDING ROLE MODEL
			1	2	3	4	5
1	2-PC2.2, 3-PC3.5, 17-PROF2.1	effectively triages,manages, and responds to emergencies for critically ill patients; appropriately delegates and asks for guidance	does not recognize or respond to emergencies in critically ill patients or ask for guidance; cannot triage or complete patient care responsibilities	recognizes some critical care emergencies; sometimes knows when to ask for guidance; with direct supervision, can prioritize and complete patient care tasks	consistently recognizes critical care emergencies; appropriately asks for guidance; initiates mangement of straightforward ICU emergencies; usually prioritizes and completes patient care tasks with minimal supervision	consistently recognizes and manages complex ICU situations, seeking guidance when appropriate; effectively prioritizes and delegates patient care tasks for ICU team	role models and assists others to prioritize competing demands and manage ICU emergencies, including those requiring simultaneous management of multiple critically ill patients and complex decision-making
			☐	☐	☐	☐	☐
2	1-PC1.1, 1-PC1.2, 1-PC1.3, 1-PC1.4	effectively synthesizes history,examination, laboratory data and studies to diagnose critically ill patients	does not obtain accurate histories or physical exams; does not recognize patient's central problem or potentially life-threatening situations	inconsistently synthesizes accurate, thorough histories, exams, and data to diagnose critically ill patients	consistently synthesizes accurate, targeted histories, exams, and data to decide on appropriate diagnostic testing and diagnose critically ill patients	consistently synthesizes accurate, targeted histories, exams, and data to generate a prioritized problem list for critically ill patients, minimize diagnostic testing, and track changes over time	teaches use of subtle history and exam findings and complex data to generate a prioritized problem list for critically ill patients, minimize diagnostic testing, and track changes over time
			☐	☐	☐	☐	☐
3	1-PC1.3, 7-MK2.1, 21-ICS2.1, 22-ICS3.1	delivers accurate, focused, efficient oral and written presentations, including reporting, organization, and interpretation of pertinent data	oral and written communication is absent, misses significant data, or fails to recognize or communicate patient's central clinical problem	oral and written communication is present but may lack organization, accuracy, or correct interpretation of pertinent data and patient's central problem	oral and written communication reports and interprets basic clinic information in an accurate, organized fashion but may fail to communicate clinical reasoning or facilitate team-based care	oral and written communication reports, interprets, synthesizes, and prioritizes complex clinical information to facilitate team-based care	role models and teaches accurate, focused, efficient oral and written communication of pertinent data to facilitate team-based care
			☐	☐	☐	☐	☐
4	6-MK1.3	understands physiology and pathophysiology needed to care for critically ill patients	lacks the knowledge of physiology and pathophysiology needed to care for critically ill patients	possesses some knowledge of physiology and pathophysiology needed to care for straightforward critically ill patients	possesses sufficient knowledge of physiology and pathophysiology needed to care for straightforward critically ill patients	possesses sufficient knowledge of physiology and pathophysiology needed to care for complex critically ill patients	possesses sufficient knowledge of physiology and pathophysiology needed to care for critically ill patients with complex, uncommon, and ambiguous problems
			☐	☐	☐	☐	☐
5	16-PROF1.2, 17-PROF2.2, 19-PROF4.1	demonstrates patient ownership (knows all team patients follows up on data and responds effectively to questions about all team patients)	refuses to accept ownership of all team patients and follow-up on patient care tasks; communication regarding patients is not trustworthy	needs direct supervision to accept patient ownership and perform patient care responsibilities; at times, responds appropriately to team member questions and needs	follow-through and communication are trustworthy and responsive; demonstrates patient ownership and follow-through in most situations	proactively assumes patient ownership, follow-through, and responsiveness to patient needs for all team patients in all situations, even when this conflicts with own needs and self-interest	role models and teachers team members to adopt patient ownership, follow-through, accountability, and advocacy at all times
			☐	☐	☐	☐	☐
6	5-PC5.2, 21-ICS2.1	works effectively with subspecialist consultants, PCP's, and hospitalists (gets "first-hand" interpretation of key studies; carries out and reconciles recommendations from multiple subspecialists)	unwilling to utilize consultants or communicate and collaborate effectively with them; overuses or prematurely involves consultants	appropriately utilizes consultants; needs assistance or reminders to formulate a clinical question for consultants, communicate and carry out their recommendations, and get "first-hand" study interpretations	requests and communicates with consultants, asking meaningful questions that guide their input; independently carries out recommendations but needs assistance reconciling input from multiple subspecialists	independently requests and utilizes consultant input; proactively communicates and reconciles team and consultant priorities effecitvely to manage critically ill patients	role models and teaches collaborative, proactive communication with consultants even in challenging situations; effectively manages discordant recommendations from multiple consultants
			☐	☐	☐	☐	☐
7	8-SBP1.1, 8-SBP1.2, 16-PROF1.1, 21-ICS2.1	functions as effective team member in ICU (works collaboratively with staff, nurses, demonstrates responsive, timely verbal and written communication)	frustrates team with lack of communication and teamwork, inefficiency and errors	completes team responsibilities with frequent reminders; identifies team members but may resist their input	understands roles and responsibilities of team members but needs assistance to seek their input and collaborate effectively with them	consistently works and communicates effectively and collaboratively with all team members; actively facilitates their input to enhance patient care	viewed by all as leader of health care team; integrates, supervises, and optimizes skills of all team members; role models collaborative communication, even in challenging situations with conflicting opinions
			☐	☐	☐	☐	☐
8	6-MK1.3, 18-PROF3.0, 20-ICS1.1	understands and effectively discusses prognosis with critically ill patients and their families, eliciting and responding to unique patient goals of care	lacks knowledge of prognosis; does not attempt to elicit goals of care or engage patients/caregivers in shared decision-making	has some knowledge of prognosis; respects patient/caregiver preferences when offered; needs assistance to adapt goals of care to these needs or engage in difficult conversations	has sufficient knowledge of prognosis for critically ill patients; effectively solicits patient's needs and preferences and engages in shared decision-making in uncomplicated situations	effectively applies knowledge of prognosis and recognition of unique patient/caregiver needs; engages in shared decision-making and incorporates patient-specific preferences into goals of care	teaches and role models goals of care discussions, including discussions of prognosis and eliciting and responding to unique patient/caregiver goals of care, even in challenging situations where disagreement exists
			☐	☐	☐	☐	☐
9	2-PC2.1, 3-PC3.4	manages conditions of critically ill patients (septic shock, acute respiratory failure/ARDS, DKA, acute GI hemorrhage, elevated ICP, acute stroke, AKI/renal replacement)	unable to generate management plan or plans are consistently inappropriate or inaccurate; does not assume responsibility for patient management decisions	develops management plans for straightforward critically ill patients; not yet able to manage patients requiring intensive care	consistently develops appropriate management plans for straightforward and complex critically ill patients; provides appropriate ICU care with direct supervision	consistently develops, modifies, and carries out management plans for patients with a broad spectrum of illness, including ICU emergencies	consistently develops and carries out customized, prioritized management plans for the most complex patients, incorporating cost-effectiveness principles, patient preferences, and diagnostic uncertainty
			☐	☐	☐	☐	☐
10	4-PC4.1, 7-MK2.2	understands indications for, performs, and manages complications of common procedures in the ICU, including troubleshooting ICU equipment (tubes, pumps, ventilators)	unwilling to perform necessary procedures and management of ICU equipment; attempts to perform procedures without adequate knowledge, skills, or supervision	understands some risks of common ICU procedures; can complete some basic procedures and ventilator adjustments with direct supervision	fully understands the indications and risks of common ICU procedures; can independently complete some basic procedures and equipment management	has successfully performed all procedures and equipment troubleshooting required to care for ICU patients; teaches about common procedures; anticipates and manages procedural complications	supervises procedures and equipment troubleshooting by junior team members; pursues knowledge and experience in emerging procedures
			☐	☐	☐	☐	☐
11	**STRENGTHS**						
12	**ROOM FOR IMPROVEMENT**						

2 - INTERN PALLIATIVE CARE EVALUATION

ITEM NUMBER	SUBCOMPETENCY	DESCRIPTION	CRITICAL DEFICIENCIES 1	2	3	UNSUPERVISED PRACTICE 4
1	MEDICAL KNOWLEDGE 6-MK1.3	demonstrates adequate knowledge of palliative care medicine (pathophysciology and assessment of pain and suffering, evidence-based prognosis, clinical signs of impending death, management of common symptoms of dying and suffering)	lacks knowledge of palliative care medicine	demonstrates some knowledge of palliative care medicine (on rotation post-test, talk, and participation in didactics)	possesses sufficient knowledge of palliative care medicine to care for straightforward patients	possesses sufficient knowledge of palliative care medicine to care for complex patients
			☐	☐	☐	☐
2	LEARNS FROM PERFORMANCE DATA 13-PBLI2.1, 14-PBLI3.1, 15-PBLI4.1	uses reflection, feedback, and clinical assessments to improve performance	resists feedback or reflection on clinical performance	rarely reflects on feedback or clinical performance; responds defensively or temporarily to feedback	open to unsolicited feedback; sometimes reflects on performance, incorporates feedback, and identifies opportunities for improvement	solicits and consistently actively reflects on and incorporates patient and team member feedback and prior performance to improve clinical care
			☐	☐	☐	☐
3	DEMONSTRATES RESPECT AND EMPATHY 16-PROF1.1, 16-PROF1.3	demonstrates empathy and respect for patients, family, and team members	does not respect patient privacy; does not demonstrate empathy for patients, families, or team members	sometimes demonstrates respect and empathy for patients, families, and team members	usually demonstrates respect and empathy for patients, families, and team members	consistently demonstrates respect and empathy for patients, families, and team members, even in difficult situations
			☐	☐	☐	☐
4	RESPONDS TO EACH PATIENT'S UNIQUE CHARACTERISTICS AND NEEDS 18-PROF3.0	understands and adapts care plans to unique characteristics and needs of patients and caregivers (e.g., culture, race/ethnicity, religion, gender, sexual orientation)	is insensitive to patients' unique characteristics (e.g, culture, ethnicity, religion, gender, sexual orientation)	has basic awareness of patients' unique characteristics but requires assistance to adapt care plan to these needs	seeks to understand patients' unique characteristics and needs; is partially successful in adapting care plan to these needs	independently recognizes and adapts care plan to unique characteristics and needs of the patient and caregiver
			☐	☐	☐	☐
5	COMMUNICATES EFFECTIVELY WITH PATIENTS AND CAREGIVERS 20-ICS1.1	effectively elicits patient and caregiver knowledge and preferences to deliver bad news and discuss goals of care	is insensitive to patient/caregiver care preferences; fails to engage patient in shared decision-making	is sensitive to patient/caregiver preferences when offered; requires assistance to engage in shared decision-making; defers difficult conversations to others	respects, elicits, seeks to understand patient preferences regarding goals of care; often succeeds in negotiating care plans; needs assistance to facilitate difficult conversations	effectively elicits patient and caregiver knowledge and preferences to facilitate family meetings, respect unique patient needs, and negotiate goals of care and difficult conversations
			☐	☐	☐	☐
6	**STRENGTHS**					
7	**ROOM FOR IMPROVEMENT**					

3 - QUALITY IMPROVEMENT ELECTIVE EVALUATION

NUMBER	DESCRIPTION & SUBCOMPETENCIES	2	3	UNSUPERVISED PRACTICE 4
1	QI Knowledge (13-PBLI 2.3)	minimally familiar with principles, techniques or importance of quality improvement projects	understands common principles and techniques of quality improvement and their importance for improving patient care	understands and applies common principles and techniques of quality improvement to improve care for a panel of patients
		☐	☐	☐
2	QI Skills (13-PBLI 2.2)	participates in quality improvement project	helps design and effectively participates in quality improvement project	actively designs, engages and moves forward a quality improvement project
		☐	☐	☐
3	Performance Audit (13-PBLI2.1)	shows limited interest in analyzing own performance data	analyzes own performance data and identifies opportunities for improvement	analyzes own performance data and actively works to improve performance
		☐	☐	☐
4	Project Performance (19-PROF 4.3)	has a basic understanding of ethical principles and policies pertaining to scholarly work and quality improvement	understands and adheres to ethical expectations for scholarly work, policies and procedures; acknowledges conflicts of interest	appropriately responds to conflicts of interest, ethical dilemmas, and lapses in professionalism by peers
		☐	☐	☐
5	Team Approach (21-ICS 2.1)	strategies to improve care fail to utilize wisdom of the team	uses some strategies that facilitate team approach to care and quality improvement	consistently uses strategies that facilitate team approach to care and quality improvement
		☐	☐	☐
6	Medical Information Technology (15- PBL1 4.3)	has limited awareness of or ability to use information technology	aware of the strengths and weaknesses of medical information technology but uses it without sophistication	uses medical information technology with sophistication
		☐	☐	☐
7	QI Professionalism (17-PROF 2.1)	completes most assigned QI modules and begins works on QI project	completes all QI modules promptly and actively works toward completion of QI project	proactively completes all QI modules, acquiring additional skills as needed; independently engages in QI initiatives despite barriers
		☐	☐	☐
8	**PROJECT SYNOPSIS**			
9	**PROJECT GENERATION SKILLS**			
10	**AREAS FOR IMPROVEMENT**			

4 - INTERN INPATIENT MEDICINE EVALUATION (EVALUATION OF INTERN BY RESIDENT)

NOTE: LEVEL 1 behaviors constitute critical deficiencies. Most beginning R1's will be at level 2. Most R'2 will be at LEVELS 2-4. Graduating R3's should be at LEVEL 4 across most subcompetencies. LEVEL 5 includes behaviors of role model attendings.

ITEM NUMBER	SUBCOMPETENCY	DESCRIPTION	CRITICAL DEFICIENCIES	MILESTONES		UNSUPERVISED PRACTICE	ATTENDING ROLE MODEL
			1	2	3	4	5
1	2-PC2.2	knows when to ask for help or involve consultants	does not know how or when to ask for help	sometimes knows when to ask for help or involve consultants	appropriately asks asks for help and involves consultants	consistently recognizes situations that deviate from expected patterns and require complex decision-making	role models and teaches care that requires multiple specialties and complex decision-making
			☐	☐	☐	☐	☐
2	1-PC1.1, 1-PC-1.2	acquires accurate, thorough, focused histories and physical exams from medicine inpatients	histories and exams are consistently inadequate or rely exclusively on others' documentation (copied from EHR)	histories and exams are sometimes accurate, organized, and identify key findings	histories and exams include secondary data when needed and are consistently accurate, organized, and thorough	histories and exams are always targeted, prioritized, efficient, accurate; track changes over time and incorporate secondary data	teaches and role models histories and exams that are targeted, prioritized, efficient, and accurate, including subtle findings and sensitive information
			☐	☐	☐	☐	☐
3	17-PROF2.2, 19-PROF4.1	demonstrates patient ownership (trustworthy, knows patient and data, follows up on results and consultant recommendations)	refuses patient ownership; patient follow-up is not trustworthy	demonstrates patient follow-up; often needs supervision and support to ensure patient ownership	consistently demonstrates patient ownership and trustworthy follow-through	proactively assumes patient ownership and follow-through of all team patients even when difficult	teaches and role models patient ownership, follow-through, and advocacy at all times, even when conflicts with own self-interest
			☐	☐	☐	☐	☐
4	1-PC1.3, 2-PC2.1	synthesizes patient data to develop appropriate differential diagnosis, problem list, and management plan	does not identify patient's main problem or develop appropriate plans	identifies patient's main problem and develops appropriate plans for some common inpatient conditions	consistently synthesizes data to develop differential diagnosis and appropriate plans for most inpatient conditions	synthesizes data to develop prioritized differential diagnosis, problem list, and plans for all inpatient conditions; modifies plans based on patient preferences and new data	teaches diagnosis and management of the most complex inpatients, incorporating patient preferences and cost-effectiveness
			☐	☐	☐	☐	☐
5	3-PC3.5	appropriately manages acute patient events (recognizes and responds to emergencies; triages and escalates to higher level of care)	does not react to situations that require urgent care	recognizes some situations that require an urgent response or escalation to higher level of care	recognizes situations that require an urgent response and initiates management of some emergencies	consistently recognizes and independently manages most urgent situations, including complex emergencies	role models managing inpatient medical emergencies, including those requiring complex, patient-centered decision-making
			☐	☐	☐	☐	☐
6	11-SBP4.0	performs efficient, safe patient handoffs (end-of-shift sign outs, transfers and discharge planning and communication)	patient handoffs are unsafe or lacking	patient handoffs occur but are sometimes inconsistent, inefficient, or incomplete	patient handoffs and communication at discharge and transfer consistently occur and are safe	patient handoffs and communication at discharge and transfer consistently occur and are proactive, efficient, and safe	teaches and supervises proactive, efficient, safe patient handoffs, transfers, and discharges; role models high-quality continuity of care
			☐	☐	☐	☐	☐
7	16-PROF1.1, 21-ICS1.2	shows compassion, respect, and empathy for patients; communicates effectively and develops therapeutic rapport	ineffectively shows compassion, respect or empathy for patients	sometimes shows compassion and respect for patients; misses opportunities to convey empathy	usually shows compassion and respect for patients; uses opportunities that arise to convey empathy and establish rapport	always shows compassion and respect for patients; looks for opportunities to convey empathy and establish rapport	roles models compassion, respect, and empathy; skillfully establishes rapport with diverse patients in challenging situations
			☐	☐	☐	☐	☐
8	**STRENGTHS**						
9	**ROOM FOR IMPROVEMENT**						

5 - RESIDENT INPATIENT MEDICINE EVALUATION (EVALUATION OF RESIDENT BY INTERN)

NOTE: LEVEL 1 behaviors constitute critical deficiencies. Most beginning R1's will be at level 2. Most R'2 will be at LEVELS 2-4. Graduating R3's should be at LEVEL 4 across most subcompetencies. LEVEL 5 includes behaviors of role model attendings.

ITEM NUMBER	SUBCOMPETENCY	DESCRIPTION	CRITICAL DEFICIENCIES	MILESTONES		UNSUPERVISED PRACTICE	ATTENDING ROLE MODEL
			1	2	3	4	5
1	3-PC3.6, 9-SBP2.1, 9-SBP2.2, 9-SBP2.3, 12-PBLI1.1	team management ensures patient safety and minimizes error	team management ignores patient safety concerns	needs assistance to see patient safety concerns; usually open to feedback about how to minimize error	identifies obvious patient safety concerns and works to minimize them; informs others of errors and may learn from them	team management minimizes errors and advocates for patient safety; consistently reflects on mistakes and learns from them	role models advocating for system change to ensure patient safety and minimize error; leads team to learn from mistakes
			☐	☐	☐	☐	☐
2	3-PC3.6, 6-MK1.3, 8-SBP1.2, 12-PBLI1.2, 15-PBLI4.1, 21-ICS2.1	leads prioritized, efficient team rounds, effectively managing team members and balancing teaching with care	does not lead rounds or provide input when needed	defers leadership of rounds to others; gives input when needed	usually leads team rounds; tries to prioritize, teach, and incorporate input from team members	leads prioritized, efficient team rounds that consistently incorporate input from team members; often teaches	role models prioritized, efficient team rounds, always incorporates input from team members and balances management with education
			☐	☐	☐	☐	☐
3	3-PC3.5	appropriately manages acute patient events (recognizes and responds to emergencies; triages and escalates to higher level of care)	does not react to situations that require urgent care	recognizes some situations that require an urgent response or escalation to higher level of care	recognizes situations that require an urgent response and initiates management of some emergencies	consistently recognizes and manages most urgent situations, including complex emergencies	role models managing inpatient medical emergencies, including those requiring complex, patient-centered decision-making
			☐	☐	☐	☐	☐
4	8-SBP1.1, 21-ICS2.1	creates effective team environment (maintains morale, positive, nonjudgmental, collaborative attitude)	create an unpleasant or negative team environment	tries to create a positive team environment but communication is at times negative or judgmental	creates positive team environment; communication usually encourages teamwork and collaboration	proactively works to build team morale, collaboration, and professionalism	teaches and role models how to create an optimal team environment, even in challenging situations
			☐	☐	☐	☐	☐
5	3-PC3.6, 16-PROF1.2	responds to intern need for back-up without micromanaging; encourages autonomy	does not respond to intern requests for back-up	usually responds to intern requests for back-up but tends to micro-manage	responds to intern requests for back-up and need for autonomy	proactively identifies individual interns' needs and skills to encourage autonomy	role models getting each intern to maximize skills and autonomy, including those in need of extra support or independence
			☐	☐	☐	☐	☐
6	3-PC3.6, 9-SBP2.2, 11-SBP4.0	oversees safe handoffs, transfers, and discharges	does not oversee safe handoffs, transfers, and discharges	needs supervision to oversee safe handoffs, transfers, and discharges	usually oversees safe, efficient handoffs, discharges and transfers of care independently	effectively supervises safe handoffs, transfers, and discharges to ensure continuity of care and minimize error	teaches and role models care transfers that are safe, efficient, coordinated, and proactive to ensure continuity of high-quality care
			☐	☐	☐	☐	☐
7	2-PC2.1, 3-PC3.5, 6-MK1.3	effectively understands "big picture" and manages patients' care trajectory from admission to discharge/transfer	lacks understanding of the "big picture" of patient's care	can understand "big picture" and develop plan in straightforward situations	consistently understands the "big picture" and develops plan; needs assistance implementing plan in complex situations	effectively grasps "big picture" and independently manages patients' care trajectory from admission to discharge	teaches customized management of patients' care trajectory, including patients with complex medical and social situations
			☐	☐	☐	☐	☐
8	**STRENGTHS**						
9	**ROOM FOR IMPROVEMENT**						

6 - 360 EVALUATION FOR CONTINUITY CLINIC STAFF

NUMBER	DESCRIPTION & SUBCOMPETENCIES	CRITICAL DEFICIENCIES 1	BEGINNING INTERN 2	3	UNSUPERVISED PRACTICE 4	ROLE MODEL ATTENDING 5
1	knows team roles and responsibilities and works effectively with team (8-SBP1.1; 21-ICS2.1)	does not following clinic workflows or recognize roles and skills of clinic staff; behavior interferes with teamwork	usually follows clinic workflows while in clinic (DOT system, check-out, communicating with staff) but not outside clinic	usually follows clinic workflows to work effectively with clinic staff both in and outside clinic (results notes, returning patient calls/MHO's, routing to correct pool)	always follows clinic workflows to work effectively with clinic staff both in and outside of clinic	works collaboratively to maximize skills and contributions of all clinic staff both in and outside of clinic
		☐	☐	☐	☐	☐
2	shows respect for all team members (16-PROF1.1)	disrespectful in interactions with team members	sometimes shows respect for team members	usually shows respect for team members	always shows respect for team members	role models respect for team members; collegiality promotes a high-functioning team
		☐	☐	☐	☐	☐
3	prioritizes responsibilities efficiently and effectively (8-SBP1.2, 17-PROF2.1)	frustrates team members with inefficiency, errors, or lack of reliability	needs frequent reminders to complete patient care responsibilities	completes patient care responsibilities efficiently and effectively when in clinic	completes patient care responsibilities efficiently and effectively both in and outside of clinic	efficiently, effectively works with all team members to complete patient care responsibilities and optimize care
		☐	☐	☐	☐	☐
5	**COMMENTS**					