

Milestones Checklist

Resident: _____ Attending: _____ Date: _____

Transitions of Care Visit

Document whether you observe the resident possessing the specific skills.

It is not expected that a resident has mastered all these skills but rather that they receive feedback on their observed encounter.

Milestone	Yes	No	N/A
Inquired about the patient's chief complaint			
Acquired an appropriate history			
Discussed the hospital course			
Discussed hospitalized diagnoses			
Inquired about any current active issues since discharge			
Complete an appropriate review of systems			
Completed medication reconciliation for all prescribed medications			
Inquired about any medication side effects			
Ensured patients had at least 3 months of medication refills			
Confirmed necessary referrals, and set up any if needed			
Inquired their patient on socio-economic - Insurance status- Ability to pay for medications- Transportation issues			
Worked to address any identified socio-economic needs			
Completed an appropriate physical exam			
Ordered all necessary labs			
Developed an appropriate assessment and plan			
Categorized the patient according to the complexity/readmission risk/LACE score			
Documented the TOC visit appropriately			
Noted the 48-hour post discharge phone call			
Engaged in shared decision with patients in the development of care plans			
Made decisions for the patients based on their payment model			
Utilized local resources to meet the patients needs			
Utilized updated, evidence-based medicine in the development of care plans			

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Resident: _____ Attending: _____ Date: _____

Based on your observation, recommendation for future encounters to be performed:

- With Direct Supervision
- With Indirect Supervision (review by supervising resident, fellow or attending)
- Independently (attending level performance)

What did the resident do well?

What is an area for improvement?