

Milestone-based Evaluation for Fellowships

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A. Patient Care

PC3. Provide transfer of care that ensures seamless transitions

- i. Demonstrates frequent errors and variability in the transfer of information
- ii. Uses a standard template but may have errors of omission
- iii. Adapts a standard template with minimal errors of omission and communicates potential issues for the transferee
- iv. Almost always effectively and accurately communicates information even in complex situations, adapting a standard template and ensuring open communication during handoff
- v. Always effectively and accurately communicates information regardless of setting or complexity, adapting a standard template and demonstrates professional responsibility for ensuring effective handovers on the team

PC6. Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment

- i. Does not develop an organized assessment of the diagnosis or a management plan
- ii. Recognizes potential diagnoses but has difficulty developing a unifying diagnosis and management plan
- iii. Develops a well-synthesized, focused differential diagnosis and management plan
- iv. Develops a unifying diagnosis, focused therapies, an effective and efficient diagnostic work-up and management plan tailored to the individual patient

PC7. Develop and carry out management plans

- i. Develops and carries out management plans based on directives from others without adjusting for patient/family preferences
- ii. Begins to formulate and carry out management plans in uncomplicated patients but rarely considers patient/family preferences
- iii. Develops and carries out management plans in uncomplicated patients, occasionally incorporating patient/family preferences
- iv. Efficiently develops and carries out management plans in most situations, incorporating patient/family preferences
- v. Efficiently develops and carries out management plans, even for complicated or rare situations, incorporating patient/family preferences

PC12. Provide appropriate role modeling

- i. Does not demonstrate awareness of the impact of one's behaviors and attitudes on others
- ii. Occasionally demonstrates awareness of the impact of one's behaviors and attitudes on others and reflects openly on events
- iii. Seems conscious of being a role model during many interactions and openly reflects on one's own actions in the presence of others
- iv. Seems conscious of being a role model during most interactions and regularly reflects on one's own actions, sharing analysis of practice with others

- v. Demonstrates role modeling as a habit and routinely examines and explains actions/behaviors in the presence of others

B. Medical Knowledge

MK2. Critically evaluate and apply current medical information and scientific evidence for patient care (combined with Practice-based Learning and Improvement (C.6. below)

- i. Does not seek or apply evidence to a clinical situation
- ii. Seeks and applies evidence when asked
- iii. Identifies knowledge gaps; seeks and applies evidence when needed, not just when asked
- iv. Regularly formulates answerable questions and incorporates the use of clinical evidence in discussions and teaching
- v. Is a role model for practicing evidence-based medicine, teaches critical appraisal to others and strives for change at the organizational level

C. Practice-based Learning and Improvement

PBLI1. Identify strengths, deficiencies, and limits in one's knowledge and expertise

- i. Does not identify strengths, gaps or limits in knowledge
- ii. Seeks to address gaps in knowledge and skills in order to complete clinical duties
- iii. Self- identifies gaps in knowledge and skills to develop a rationale for care plans and teaching
- iv. Self reflects and identifies gaps in knowledge in anticipation of potential clinical problems demonstrating an advanced level of questioning and resource seeking
- v. Seeks to increase knowledge beyond what is needed for the current or immediately anticipated care using PICO questions to explore gaps and strength in knowledge

PBLI4. Systematically analyze practice using quality improvement methods with the goal of practice improvement

- i. Does not reflect on own practice or understand the principles of quality improvement methodology
- ii. Can identify opportunities for improvement from individual patient encounters but cannot apply quality improvement methodology to make change
- iii. Understands improvement methodologies enough to apply to populations when asked
- iv. Demonstrates continuous improvement activities, appropriately utilizes quality improvement methodologies and can lead a team in improvement in one's own practice
- v. In addition, systemically applies successful quality improvement methodology outside of one's practice to benefit other practices, systems, or populations (ie through national presentations or publications)

PBLI7. Use information technology to optimize learning and care delivery

- i. Uses electronic databases or medical record only with mandatory assignments and direct help
- ii. Can use electronic databases to answer clinical questions and the electronic medical record to document and obtain data
- iii. Efficiently uses information from electronic databases and medical record for clinical decision-making and for ongoing learning
- iv. In addition, seeks out new information technology to answer clinical questions and address knowledge gaps and to improve care for populations of patients
- v. In addition, continuously seeks to improve current systems and develops new information technology for patient care and learning

PBLI9. Participate in the education of patients, families, students, residents, and other health professionals

- i. Uses a scripted type of patient education and counseling that may not meet the needs of patients
- ii. Educates patients in a somewhat flexible way that begins to respond to their needs and checks for understanding when triggered by patient questioning
- iii. Modifies teaching to respond to the individual needs of patients and checks for understanding when cues suggest confusion
- iv. Educates and motivates patients by facilitating their participation in discussions and consistently checks for understanding
- v. Skillfully educates and motivates patients to make healthy changes and does not leave patient encounters without ensuring their understanding

D. Interpersonal and Communication Skills

ICS3. Communicate effectively with physicians, other health professionals, and health related agencies

- i. Recites facts according to a given set of rules or scripts, often directly from a template or prompt, including excess detail
- ii. Adjusts communication to better fit the audience or context without a template or prompt, but may include excess detail
- iii. Effectively communicates information and tailors it to the audience and context in most situations
- iv. Distills complex cases into succinct summaries tailored to audience and context and deals effectively with difficult conversations
- v. Is recognized as a highly effective public speaker and a role model for management of difficult conversations

ICS4. Work effectively as a member or leader of a health care team or other professional group

- i. Has limited participation in team discussion and passively follows the lead of others on the team
- ii. Interacts with team members to accomplish assignments and actively works to integrate into team function to meet expectations
- iii. Is seen by others as an integral part of the team, sometimes offers feedback and suggestions for performance improvement to other team members and adapts and shifts roles and responsibilities as needed
- iv. Initiates problem-solving, takes on leadership roles, frequently provides feedback to other team members, and makes sure the job gets done
- v. Creates a high-functioning team de novo or joins a poorly functioning team and facilitates improvement, such that team goals are met

ICS5. Act in a consultative role to other physicians and health professionals

- i. Presents the patients' history and physical exam and scribes recommendations in the medical record; has difficulty focusing data gathering and presentation to the details relevant to the question asked
- ii. Filters and prioritizes information to reach a focused diagnosis, specific recommendations and documentation; follows up on recommendations
- iii. Uses advanced knowledge and skills to develop focused, comprehensive recommendations that reflect best practice; develops relationships with referring providers
- iv. Identified as an expert who demonstrates advanced knowledge and vast experience with focused comprehensive recommendations that include the strength of the evidence on which they are based; consistently develops collaborative relationships with referring providers
- v. Identified as a master clinician who effectively and efficiently lends a practical wisdom to consultation and makes clinical, educational, and/or research contributions to the field

E. **Professionalism**

PROF2. Professional conduct: High standards of ethical behavior which includes maintain appropriate professional boundaries (P3)

- i. Has repeated lapses in professional conduct and often does not meet responsibility to patient, peers and/or the program
- ii. Has lapses in professional conduct under conditions of stress or fatigue
- iii. Almost always conducts interactions with a professional mindset, sense of duty and accountability
- iv. Demonstrates an in depth understanding of professionalism and helps other team members and colleagues with issues of professionalism
- v. Maintains high ethical standards across settings and circumstances and is regarded as a role model of professional conduct

F. **Systems-based Practice**

SBP1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty

- i. Expresses frustration with the systems' suboptimal processes but cannot identify the root cause to effect change
- ii. Develops "work arounds" when faced with a system challenge
- iii. Recognizes the need to change systems rather than develop "work arounds" and can activate the system to do it in a specific setting
- iv. Effects or stimulates improvements in a system when the need arises in multiple settings
- v. Leads systems changes as part of the routine care delivery process in all settings

SBP2. Coordinate patient care within the health system relevant to their clinical specialty

- i. Does not involve patients in developing the care plan or provide written care plans; does not communicate with team members/consultants; is not involved in the transition of care between settings
- ii. Involves patients in medical decision-making in a limited way; occasionally provides written care plans; sometimes communicates with team members/consultants; is inconsistently involved in the transition of care between settings
- iii. Frequently involves patients in medical decision-making and provides thorough written care plans; has good communication with team members/consultants; consistently discusses results and recommendations with patients; is routinely involved in the transition of care between settings
- iv. Develops goals and makes decisions jointly with patients; routinely provides thorough written care plans; facilitates care through consultation and testing and helps patients to interpret and act on results/recommendations; coordinates seamless transitions of care between settings

SBP3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate

- i. Does not incorporate cost issues or risk-benefit analysis in the management of patients
- ii. Uses externally provided information (e.g. prescribing information, test ordering patterns or research around a treatment) to inform cost-containing action and/or preliminary risk-benefit analysis
- iii. Critically appraises information available on an evaluation test or treatment to allow optimization of cost issues and risk-benefit for an individual patient
- iv. Critically appraises information in the context of not only the individual patient but also the broader population/system in making cost and/or risk-benefit decisions
- v. Consistently integrates cost analysis into one's practice while minimizing risk and optimizing benefits for whole systems or populations

SBP5. Work in interprofessional teams to enhance patient safety and improve patient care quality

- i. Seeks answers and responds to input only from physicians
- ii. Accepts input from non-physician professionals on the team but does not usually seek them out
- iii. Demonstrates awareness of the contributions of other health care professionals, seeks their input and is an excellent team player
- iv. Serves as a role model for others in interdisciplinary work and is an excellent team leader

SBP6. Participate in identifying system errors and implementing potential system solutions

- i. Does not identify or act to correct individual or systems error
- ii. Identifies medical error events and demonstrates some awareness of personal responsibility for correction
- iii. Actively identifies and begins to analyze medical error events and often acknowledges personal responsibility for correcting them
- iv. Actively identifies and analyzes medical error events, beginning to seek system causes, and routinely accepts personal responsibility for correcting them
- v. Routinely identifies and analyzes error events with a system solution methodology and is actively engaged with teams and processes to prevent medical error

G. Personal and Professional Development

PPD5. Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients

- i. Has knowledge gaps and demonstrates lapses in data-gathering or follow-through of tasks, sometimes omitting important data
- ii. Has gaps in knowledge but does not always seek help when confronted with limitations and demonstrates lapses in follow-through with tasks
- iii. Has some gaps in knowledge, but seeks help when appropriate, demonstrates complete data-gathering considering anticipated patient care needs and high risk conditions, and follows through with tasks
- iv. Has competent level of knowledge, anticipates problems, demonstrates vigilance in all aspects of management, pursues answers to questions and is transparent about limits of knowledge
- v. In addition, rigorously searches for answers, reviews information in an ongoing manner and may seek the help of a consultant in addition to primary source literature

PPD6. Provide leadership that enhances team functioning, the learning environment and/or health care system/environment with the ultimate intent of improving care of patients

- i. Does not organize team members, define expectations or their roles or involve them in decision-making
- ii. Occasionally organizes team members and involves them in decision-making but does not explicitly specify expectations or their roles
- iii. Organizes the team members, involves them in decision-making and provides some explicit definition of expectations and their roles
- iv. Organizes the team members fairly efficiently, expects them to engage in decision-making and routinely clarifies roles and expectations
- v. Always organizes the team members efficiently, inspires them to perform, empowers them to take ownership in care, and relies on consensus building to make decisions

PPD8. Recognize that ambiguity is part of clinical medicine and respond by utilizing appropriate resources in dealing with uncertainty

- i. Uses self or easily available resources to deal with uncertainty and prescribes plans to patients without taking into account their goals or understanding

- ii. Uses statistics and rules to quantify risk, transfers all information to patients regardless of their ability to manage information and prescribes plans with little consideration of their goals
- iii. Seeks additional resources to deal with uncertainty and prescribes plans to patients with occasional consideration of their goals
- iv. Uses uncertainty as motivation to seek more information, incorporates patients goals into plans, and openly expresses uncertainty to them
- v. Serves as a resource to share information with patients in an ongoing manner, emphasizes patient control of choices, and openly discusses that all plans are subject to uncertainty