**Subject Name**

Status Employer Program Rotation

Evaluation Dates

**Faculty Evaluation of Resident**

ACGME Milestone Driven

**Evaluated by: Evaluator Name**

Status Employer Program

Instructions:

*Please evaluate the residents' ability to carry out clinical tasks during their rotation with you. The assessments and scoring below are taken from the ACGME Physical Medicine & Rehabilitation Core Competencies, version 2 (updated 2020).*

*Tracking Level 1 through Level 5 is synonymous with moving from novice to an expert resident. These levels DO NOT correspond with post-graduate year of education and there is no pre-determined timing for a resident to attain any particular level. Residents may also regress in achievement of their milestones when not demonstrating improvements and the adequate clinical competency.*

*Level 4 is designed as a graduation goal but DOES NOT represent a graduation requirement. Level 5 represents an EXPERT resident whose achievements in a subcompetency are greater than the graduation-level expectation.*

*Please note: the examples described below in each subcompetency are not the required element or outcome; they are provided as examples as a way to share the intent of the element being scored.*

Patient Care

1\* Patient Care 1: Physiatric History, Appropriate for Age and Impairment

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Acquires a history with a basic functional and psychosocia l assessment | Between Level 1 andLevel 2 | Level 2: Acquires a comprehens ivephysiatric history identifying all components of functioning including impairments, activities, participation, and contextual factors | Between Level 2 andLevel 3 | Level 3: Acquires a relevant, history in a prioritized fashion, integrating components of functioning | Between Level 3 andLevel 4 | Level 4: Elicits key history, including subtleties, in a prioritized and efficient fashion across a spectrum of ages and impairments | Between Level 4 andLevel 5 | Level 5: Role models the effective gathering of subtle and salient history from patients across a spectrum of ages and impairments | Not Yet at Level 1 or Not Yet Assessable |

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Comment

2\* Patient Care 2: Physical Examination

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Performs a general physical examination | Between Level 1 andLevel 2 | Level 2: Performs a physiatric examination, including functional assessment | Between Level 2 andLevel 3 | Level 3: Performs a hypothesis- driven physiatric examination, with identification of subtle or atypical findings | Between Level 3 andLevel 4 | Level 4: Efficiently performs a hypothesis- driven physiatric examination that identifies subtle or atypicalfindings over a spectrum of ages and impairments | Between Level 4 andLevel 5 | Level 5: Role models ahypothesis- driven physiatric examination that identifies subtle or atypicalfindings over a spectrum of ages and impairments | Not Yet Completed Level 1 or Not Yet Assessable |

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Comment

3\* Patient Care 3: Medical Management (e.g., Inpatient, Outpatient, and Consultative Settings)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Identifies and manages general medical conditions and their complication s | Between Level 1 andLevel 2 | Level 2: Identifies and manages complication s related to complex medical, neurological, and musculoskel etal disorders | Between Level 2 andLevel 3 | Level 3: Develops and implements a comprehens ivetreatment plan that anticipates and addresses complication s related to neurological and musculoskel etal disorders | Between Level 3 andLevel 4 | Level 4: Develops and implements a comprehens ivetreatment plan that anticipates, identifies, and addresses complication s related to neurological and musculoskel etal disorders over a spectrum of ages and conditions | Between Level 4 andLevel 5 | Level 5: Role models the developmen t andimplementati on of a comprehens ivetreatment plan including consideratio n of emerging treatments | Not Yet Completed Level 1 or Not Yet Assessable |

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Comment

1. Patient Care 4: Procedural Skills: Injections for Abnormalities of Tone or Movement (e.g., Chemodenervation, Neurolysis) Performed under Guidance (e.g., Anatomic, Electromyography, Electrical Stimulation, Ultrasound)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Identifies indications and contraindica tions for the procedure | Between Level 1 andLevel 2 | Level 2: Performs some components of the procedure, with supervision | Between Level 2 andLevel 3 | Level 3: Performs all components of the procedure, with supervision | Between Level 3 andLevel 4 | Level 4: Performs all components of the procedure across a spectrum of presentation s | Between Level 4 andLevel 5 | Level 5: Role models theperformance of the procedure across a spectrum of presentation s | Not Yet Assessable or Not Yet Completed Level 1 |

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Comment

1. Patient Care 5: Procedural Skills: Joint and Soft Tissue Injections (e.g., Intra-articular, Trigger Point, Bursal, Perineural, Tendon Sheath), Including Those Performed under Guidance (e.g., Ultrasound, Fluoroscopy)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Identifies indications for the procedure | Between Level 1 andLevel 2 | Level 2: Performs some components of the procedure, with supervision | Between Level 2 andLevel 3 | Level 3: Performs all components of the procedure, with supervision | Between Level 3 andLevel 4 | Level 4: Performs all components of the procedure across a spectrum of diagnoses | Between Level 4 andLevel 5 | Level 5: Role models theperformance of all components of the procedure, across a spectrum of diagnoses | Not Yet Assessable or Not Yet Completed Level 1 |

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Comment

1. Patient Care 6: Procedural Skills: Electrodiagnostic Procedures (Planning, Performance, and Interpretation)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Identifies sites for nerve stimulation, recording, and electromyog raphy needle insertion.Describes nerve physiology and instrumentat ion involved in nerve conduction studies and electromyog raphy | Between Level 1 andLevel 2 | Level 2: Plans and performs some components of the electrodiagn ostic procedure, with supervisionDistinguishe s normal from abnormal electrodiagn osticfindings with guidanceGenerates elements of an electrodiagn ostic report, with assistance | Between Level 2 andLevel 3 | Level 3: Plans and performs all components of the electrodiagn ostic procedure, with supervisionIndependent lyrecognizesabnormal electrodiagn ostic findingsGenerates clear and concise electrodiagn ostic reports that do not require substantive correction | Between Level 3 andLevel 4 | Level 4: Plans and performs all components of the electrodiagn ostic procedure across a spectrum of diagnosesInterprets electrodiagn ostic data and modifies the study as it is being performedGenerates tailored electrodiagn ostic reports meeting the needs of the referring provider | Between Level 4 andLevel 5 | Level 5: Role models the planning andperformance of all components of the electrodiagn ostic procedures across a spectrum of diagnosesMakes treatment recommend ations to referring provider based on electrodiagn ostic findings | Not Yet Assessable or Not Yet Completed Level 1 |

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Comment

1. Patient Care 7: Assistive Technologies (e.g., Prosthetics and Orthotics, Adaptive Equipment, Mobility Devices, Seating Systems, Communication Technologies)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Describes assistive technologie s and their indications | Between Level 1 andLevel 2 | Level 2: Evaluates patient need for common assistive technologies based on impairments | Between Level 2 andLevel 3 | Level 3: Evaluates patient need for a full range of assistive technologies based on impairments, taking into account barriers, contraindicat ions, comorbiditie s, and input from other professional s | Between Level 3 andLevel 4 | Level 4: Generates a detailed prescription, in consultation with other professional s, for a full range of assistive technologies including justification and advocacy where needed | Between Level 4 andLevel 5 | Level 5: Serves as a resource to other professional s for clinical problem solving and functional challenges related to assistive technology | Not Yet Assessable or Not Yet Level 1 |

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Comment

8\* Patient Care 8: Rehabilitation Interventions

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Describes common modalities and general rehabilitatio n therapies by discipline | Between Level 1 andLevel 2 | Level 2: Prescribes common modalities and general rehabilitation therapies by discipline based on impairments | Between Level 2 andLevel 3 | Level 3: Provides detailed therapy prescriptions for specific conditions with appropriate precautions | Between Level 3 andLevel 4 | Level 4: Integrates comprehens ive knowledge of impairments, activity limitations, and participation restrictions to prescriberehabilitation interventions | Between Level 4 andLevel 5 | Level 5: Demonstrat es the ability to direct and implement rehabilitation interventions in challenging clinical conditions | Not Yet Assessable or Not Yet at Level 1 |

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Comment

Medical Knowledge

9 Medical Knowledge 1: Foundational Principles of Physiatric Practice (Anatomy, Pathophysiology, Kinesiology, Pharmacology)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Describes scientific knowledge for general medical conditions | Between Level 1 andLevel 2 | Level 2: Describes foundational knowledge relevant to physiatric practice | Between Level 2 andLevel 3 | Level 3: Integrates foundational knowledge into physiatric practice | Between Level 3 andLevel 4 | Level 4: Integrates foundational knowledge into physiatric practice across a spectrum of ages, impairments, and clinical settings | Between Level 4 andLevel 5 | Level 5: Serves as a resource for others for new and emerging concepts relevant to foundational principles of physiatric practice | Not Yet Completed Level 1 and Not Yet Assessable |

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Comment

10\* Medical Knowledge 2: Clinical Reasoning

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Identifies salient elements of a patient presentation to inform clinical reasoningIdentifies diagnostic studies for common medical conditionsDescribes common causes of clinical reasoning error | Between Level 1 andLevel 2 | Level 2: Develops a prioritized differential diagnosis for common presentation sIdentifies diagnostic studies for conditions commonly seen in physiatric practiceIdentifies types of clinical reasoning errors within patient care, with guidance | Between Level 2 andLevel 3 | Level 3: Develops a prioritized differential diagnosis for complex presentation sPrioritizes the sequence and urgency of diagnostic testingDemonstrat es a structured approach to personally identify clinical reasoning errors | Between Level 3 andLevel 4 | Level 4: Synthesizes information to reach high- probability diagnoses with continuous re-appraisal to minimize clinical reasoning errorsConsiders diagnostic testing based on cost effectivenes s and likelihood that results will influence clinical managemen tAnticipates and accounts for errors and biases | Between Level 4 andLevel 5 | Level 5:Role models identification of cost- effective diagnostic testingCoaches others to minimize clinical reasoning errors | Not Yet Completed Level 1 or Not Yet Assessable |

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Comment

Systems-Based Practice

1. Systems-Based Practice 1: Patient Safety

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Demonstrat es knowledge of common patient safety eventsDemonstrat es knowledge of how to report patient safety events | Between Level 1 andLevel 2 | Level 2: Identifies system factors that lead to patient safety eventsReports patient safety events through institutional reporting systems (simulated oractual) | Between Level 2 andLevel 3 | Level 3: Participates in analysis of patient safety events (simulated or actual)Participates in disclosure of patient safety events to patients and families (simulatedor actual) | Between Level 3 andLevel 4 | Level 4: Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)Discloses patient safety events to patients and families (simulated or actual) | Between Level 4 andLevel 5 | Level 5: Actively engages teams and processes to modify systems to prevent patient safetyeventsRole models or mentors others in the disclosure of patient safety events | N/A or Not Yet Completed Level 1 |

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Comment

1. Systems-Based Practice 2: Quality Improvement

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Demonstrat es knowledge of basic quality improvemen t methodologi es and metrics | Between Level 1 andLevel 2 | Level 2: Describes quality improvemen t initiatives | Between Level 2 andLevel 3 | Level 3: Participates in quality improvemen t initiatives | Between Level 3 andLevel 4 | Level 4: Demonstrat es the skills required to identify, develop, implement, and analyze a quality improvemen t project | Between Level 4 andLevel 5 | Level 5: Creates, implements, and assesses quality improvemen t initiatives at the institutional or community level | N/A or Not Yet Completed Level 1 |

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Comment

13\* Systems-Based Practice 3: System Navigation for Patient-Centered Care

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1:Demonstrat es knowledge of care coordinationIdentifies key elements for safe and effective transitionsof care and hand-offsDemonstrat es knowledge of population and community health needs and disparities | Between Level 1 andLevel 2 | Level 2: Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessi onal teamsPerforms safe and effective transitions of care/hand- offs in routine clinical situationsIdentifies specific population and community health needs andinequities for their local population | Between Level 2 andLevel 3 | Level 3: Coordinates care of patients in complex clinical situations effectively collaborating with members of the interprofessi onal teamsPerforms safe and effective transitions of care/hand- offs in complex clinical situationsUses local resources effectively to meet the needs of a patient population and community while minimizing health care inequities | Between Level 3 andLevel 4 | Level 4: Role models effective coordination of patient- centered care among different professions and specialtiesRole models and advocates for safe and effective transitions of care/hand- offs within and across health care delivery systems and settingsParticipates in changing and adapting practice to provide for the needs of specific populations | Between Level 4 andLevel 5 | Level 5: Analyzes the process of carecoordination and leads in the design and implementati on of improvemen tsImproves quality of transitions of care within and across health care delivery systems to optimize patient outcomesLeads innovations and advocacy in partnership with populations and communities experiencing health care inequities | N/A or Not Yet Completed Level 1 |

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14\* Systems-Based Practice 4: Physician Role in Health Care Systems

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Identifies key components of the complex health care system includingthe various venues for postacute careDescribes basic health payment systems (e.g., government, private, public, uninsured care) and practice modelsIdentifies basic knowledge domains for effective transition to practice (e.g., information technology, legal, billing and coding, financial, personnel) | Between Level 1 andLevel 2 | Level 2: Describes how components of a complex health care system are inter-related, and how this impacts patient careDelivers care with consideratio n of each patient’s payment model (e.g., insurance type)Demonstrat es use of information technology required for medical practice (e.g., electronic health record, documentati on required for billing and coding) | Between Level 2 andLevel 3 | Level 3: Discusses how individual practice affects the broader system (e.g., length of stay, readmission rates, clinical efficiency)Engages with patients in shared decision making, informed by each patient’s payment modelsDescribes core administrativ e knowledge needed for transition to practice (e.g., contract negotiations, malpractice insurance, government regulation, compliance) | Between Level 3 andLevel 4 | Level 4: Navigates the various components of the complex health care system to provide efficient and effective patient care and transition of careAdvocates for patient care needs (e.g., community resources, patient assistance resources) with consideratio n of the limitations of each patient’s payment modelAnalyzes individual practice patterns and professional requirement s in preparation for independent practice | Between Level 4 andLevel 5 | Level 5: Advocates for or leads systems change that enhances high value, efficient and effective patient care, and transition of careParticipates in health policy advocacy activitiesEducates others to prepare them for transition to practice | N/A or Not Yet Completed Level 1 |

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Comment

Practice-Based Learning & Improvement

15\* Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Demonstrat es how to access and use available evidence | Between Level 1 andLevel 2 | Level 2: Locates and applies the best available evidence, integrated with patient preference, to the care of straightforw ard patients | Between Level 2 andLevel 3 | Level 3: Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients | Between Level 3 andLevel 4 | Level 4: Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient | Between Level 4 andLevel 5 | Level 5: Coaches others to critically appraise and apply evidence for complex patients; and/or participates in the developmen t of guidelines | N/A |

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Comment

16\* Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Professional Growth

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Accepts responsibilit y for professional developmen tIdentifies and/or acknowledg es gaps between expectation s and actual performanc eActively seeks opportunitie s to improve | Between Level 1 andLevel 2 | Level 2: Demonstrat es openness to verbal feedback and other performance dataAnalyzes and reflects on the factors which contribute toperformance gapsDesigns and implements a learning plan, with assistance | Between Level 2 andLevel 3 | Level 3: Seeks and incorporates verbal feedback and other performance data intermittently, with humility and adaptabilityAnalyzes, reflects on, and institutes behavioral changes to narrow performance gapsIndependent ly designs and implements a learning plan | Between Level 3 andLevel 4 | Level 4: Seeks and incorporates verbal feedback and other performance data consistently, with humility and adaptabilityUses data to measure the effectivenes s of the learningplan to address performance gaps and modifies it when necessary | Between Level 4 andLevel 5 | Level 5: Role models consistent incorporatio n of verbal feedback and otherperformance dataCoaches others on reflective practice, including the design and implementati on of learning plans | N/A or Not Yet Completed Level 1 |

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Comment

Professionalism

17\* Professionalism 1: Ethical Practice

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Approaches clinical care and educational duties with actions consistent with core ethical principles | Between Level 1 andLevel 2 | Level 2: Demonstrat es consistent application of ethical principles in routine clinical practice, such as informed consent, surrogate decision making, advance directives,confidentialit y, error reporting and disclosure, and stewardship of limited resources | Between Level 2 andLevel 3 | Level 3: Recognizes tensions between conflicting ethical principles in complex situations and seeks appropriate guidance to help resolve ethical dilemmas | Between Level 3 andLevel 4 | Level 4: Manages ethical dilemmas, using appropriate resources as needed to facilitate resolution (e.g., ethics consultation s, literature review, riskmanagemen t/legal consultation) | Between Level 4 andLevel 5 | Level 5: Serves as a resource for others to resolve complex ethical dilemmas | NotYet Completed Level 1 |

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Comment

18\* Professionalism 2: Professional Behaviors

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Identifies professional ism lapses in self and othersDescribes when and how to appropriatel y report lapses | Between Level 1 andLevel 2 | Level 2: Demonstrat es professional behavior in routine situationsTakes responsibilit y for own professionali smlapses when applicable and identifies contributing factors | Between Level 2 andLevel 3 | Level 3: Anticipates situations that may trigger professionali sm lapsesTakes remedial action to address lapses when applicable | Between Level 3 andLevel 4 | Level 4: Demonstrat es professional behavior across situations and settingsProactively intervenes to prevent lapses | Between Level 4 andLevel 5 | Level 5: Coaches others when their behavior fails to meet professionalexpectationsAddresses system issues to minimize potential for professionali sm lapses | Not Yet Completed Level 1 |

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Comment

19\* Professionalism 3: Accountability

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Responds promptly to requests or reminders to complete responsibiliti es | Between Level 1 andLevel 2 | Level 2: Performs tasks and responsibiliti es in a timely manner with appropriate attention to detail in routine situations | Between Level 2 andLevel 3 | Level 3: Performs tasks and responsibiliti es in a timely manner with appropriate attention to detail in complex or stressful situations | Between Level 3 andLevel 4 | Level 4: Proactively implements strategies to ensure that the needs of patients, teams, and systems are met in a timely manner | Between Level 4 andLevel 5 | Level 5: Coaches others to optimize timely task completion | Not Yet Completed Level 1 |

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Comment

20\* Professionalism 4: Patient Care Etiquette with Patients of All Abilities

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Recognizes the need to respect the dignity of all patients regardless of impairments or disabilities | Between Level 1 andLevel 2 | Level 2: Demonstrat es specific elements of verbal and physical communicati on that reflect respect for people with impairments ordisabilities | Between Level 2 andLevel 3 | Level 3: Proactively maintains patient’s comfort and dignity during history taking and physical examination for those with mild impairments or disabilities | Between Level 3 andLevel 4 | Level 4: Proactively maintains patient’s comfort and dignity during history taking and physical examination for those with severe impairments or disabilities | Between Level 4 andLevel 5 | Level 5: Serves as a role model and as a resource for others by coaching them in behaviors and actions that optimize the comfort, dignity, and respect of people with impairments ordisabilities | Not Yet Completed Level 1 |

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Comment

21 Professionalism 5: Resident Well-Being and Help-Seeking

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Recognizes status of personal and professional well-being, with assistance | Between Level 1 andLevel 2 | Level 2: Independent lyrecognizes status of personal and professional well-being anddemonstrate s appropriatehelp seeking behaviors | Between Level 2 andLevel 3 | Level 3: With assistance, proposes, implements, and refines a plan to optimize personal and professional well-being | Between Level 3 andLevel 4 | Level 4: Independent ly develops, implements, and refinesa plan to optimize personal and professional well-being | Between Level 4 andLevel 5 | Level 5: Coaches others and addresses system barriers and facilitators to optimize personaland professional well-being | Not Yet Completed Level 1 |

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Comment

Interpersonal & Communication Skills

22\* Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Uses language and nonverbal behavior to demonstrate respect and establish rapportMinimizes common barriers to effective communicat ion (e.g., language, disability)Accurately communicat es own role within the health care system | Between Level 1 andLevel 2 | Level 2: Establishes a therapeutic relationship in straightforw ard encounters using activelistening and clear languageMinimizes complex barriers to effective communicati on (e.g., health literacy, cultural)Organizes and initiates communicati on with patient/famil y by clarifying expectations and verifying understandi ng of the clinical situation | Between Level 2 andLevel 3 | Level 3: Establishes a therapeutic relationship in challenging patient encountersWhen prompted, reflects on personal biases while attempting to minimizecommunicati on barriersWith guidance, sensitively and compassion ately delivers medical information, elicits patient/famil y values, goals andpreferences, and acknowledg es uncertainty and conflict | Between Level 3 andLevel 4 | Level 4: Easily establishes therapeutic relationships, with attention to patient/famil y concerns and context, regardless of complexityOvercomes personal biases while proactively minimizing communicati on barriersIndependent ly, uses shared decision making to align patient/famil y values, goals, and preferences with treatment options to make a personalized care plan | Between Level 4 andLevel 5 | Level 5: Mentors others in developing positive therapeutic relationshipsRole models self awareness practice while teaching a contextual approach to minimize communicati on barriersRole models shared decision making in patient/famil y communicati on including those with a high degree of uncertainty/c onflict | Not Yet Completed Level 1 |

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Comment

23\* Interpersonal and Communication Skills 2: Interprofessional and Team Communication

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1: Uses respectful language that values all members of the health care team | Between Level 1 andLevel 2 | Level 2: Communicat es information effectively with all health care team membersSolicits feedback on performance as amember of the health care team | Between Level 2 andLevel 3 | Level 3: Checks own understandi ng while listening to adapt communicati on style to fit team needsCommunicat es concerns andprovides feedback to members of the health care team | Between Level 3 andLevel 4 | Level 4: Coordinates recommend ations and communicati on from different members of the health care team to optimize patient careCommunicat es feedback and constructive criticism to superiors | Between Level 4 andLevel 5 | Level 5: Role models flexiblecommunicati onstrategies that value input from all health care team members, resolving conflict when neededFacilitates regular health care team-based feedback in complex situations | Not Yet Completed Level 1 |

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Comment

24\* Interpersonal and Communication Skills 3: Communication within Health Care Systems

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level 1:Accurately records information in thepatient record while safeguardin g patient personal health informationDemonstrat es basic knowledge of appropriate channels of communicat ion within the institution (e.g., pager callback, timely response to emails) | Between Level 1 andLevel 2 | Level 2: Demonstrat es organized and complete diagnostic and therapeutic reasoning through notes in the patient record, including appropriate modification s when using copy- and-paste functionCommunicat es through appropriate channels as required by institutional policy (e.g. patient safety reports) | Between Level 2 andLevel 3 | Level 3: Communicat es clearly, concisely, timely, andin an organized written form, including anticipatory recommend ationsAppropriatel y selects direct (e.g. telephone, in-person) and indirect (e.g. progress notes, text messages) forms ofcommunicati on based on context | Between Level 3 andLevel 4 | Level 4: Provides feedback to improve others’ written communicati onAchieves written or verbal communicati on that serves as an example for others to follow | Between Level 4 andLevel 5 | Level 5: Models feedback to improve others’ written communicati onGuides departmenta l or institutional communicati on around policies and procedures | Not Yet Completed Level 1 |

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Comment

Milestones on this Evaluation

When Faculty evaluate Residents using this evaluation, designated milestone subcompetencies will automatically be included based on this department's settings. Comments are always allowed. A response will be required for each.

Overall Comment