

PROCESSES AND CHALLENGES IN MAPPING MILESTONES TO EPAS

SUSAN D. WOLFSTHAL, MD

The overarching principle in developing our evaluation tools was to identify and map entrustable professional activities (EPAs) created by the Internal Medicine community to the residents' various rotations. To ensure faculty had the opportunity to observe resident skills in a variety of settings and rotations, our curriculum committee selected 24 EPAs that were then mapped to all rotations and to the ACGME reporting milestones. The committee ensured that each EPA was appropriately represented across the spectrum of rotations and that each reporting milestone had an adequate number of EPAs mapped to that milestone. Rather than using the curricular milestones, our curriculum committee chose the EPAs as a more specific and goal directed measure of residency performance for our evaluation tools. Descriptive anchors were not provided for each EPA. Instead, faculty were trained to rate the resident as to the amount of supervision they required for each EPA. These nine supervision categories spanned from a very early learner requiring constant close supervision to a resident ready for independent practice who demonstrates high achievement or is aspirational. Clear descriptions of each supervisory class are provided at the top of each evaluation form. The 9-point numerical rating scale for each milestone is not revealed to the faculty. A general normative scale was added at the end of the form for faculty to rate the resident on the overall degree of supervision required and the overall performance compared to their peer group.

The key steps in developing our evaluation tool included the following:

1. Identifying the EPAs (curricular milestones) that would be most effectively observed and assessed during each rotation.
2. Mapping the EPAs to the reporting milestones and ensuring each EPA and reporting milestone was adequately represented across the spectrum of rotations.
3. Establishing the levels of supervision that would apply to residents from the early days to the completion of their residency training.
4. Training faculty in using milestones and direct observation in evaluating residents.
5. Reviewing the final numeric scores semi-annually against written comments and other parameters and tools to validate the scoring system.

The faculty were offered workshops at the beginning of the process to review the concept of milestones and the structure of the new evaluation system. Suggestions were provided as to how to evaluate the milestones using direct observation. The slides were distributed to the entire clinical teaching faculty. Ongoing workshops are planned to reinforce concepts and teach skills to faculty members.

Several pitfalls were identified through implementation of this evaluation tool:

- The system requires close monitoring for scores that are too high or too low for a PGY level. This variation may be due to a struggling resident or one who is exceptional, but can also be due to a faculty member not attending to the supervisory levels and needing re-direction.
- Setting up the process in E-Value was extremely time consuming. Once created, the results are easy to obtain and follow.
- The global comparative score that compares residents to their peers appears to correlate with milestone achievements, thus providing some internal validation of the milestone process.

Low score notifications are set for each PGY level to provide real time information about residents scoring below expected milestones. After using the milestones for two years, tracking results provide critical markers in identifying residents who are either not meeting expected competency or those who are performing at a high level. The results have provided a cluster of residents for each of training year thus allowing a more clear distinction among the three classes of residents. By focusing on the EPAs, the CCC has implemented targeted remediation plans that focus on behaviors that can be tracked over time.

Attachments:

1. Slides from presentation
2. Grid mapping EPAs to evaluations for each resident rotation
3. Grid mapping EPAs to reporting milestones
4. Example of final evaluation forms: MICU and Endocrinology elective

References

1. Nasca TJ, Philibert I, Brigham T, Flynn TC. The next GME accreditation system – Rationale and benefits. *NEJM* 2012;366:1051-1056.
2. Caverzagie KJ, Lobst WF, Aagaard EM, Hood S, Chick DA, Kane GC, Brigham TP, Wing SR, Meade LB, Bazari H, Bush RW, Kirk LM, Green ML, Hinchey KT, Smith CD. The internal medicine reporting milestones and the next accreditation cycle. *Ann Intern Med* 2013;158:557-559.
3. Internal medicine milestone project. Joint initiative of the ACGME and the American Board of Internal Medicine. <https://www.abim.org/residents-fellows/milestones.aspx>

Process and Challenges in Mapping Milestones to EPAs

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Overview

- Several challenges evident
 - Deciding on use of curricular milestones vs EPAs
 - Defining EPAs that measure resident performance
- Develop process to map observed skills to EPAs and ACGME reporting milestones
- Appreciate barriers and pitfalls in validating evaluation process using EPAs and milestones
- The unknown... overall validity, usefulness and ability to provide effective resident feedback

Recipe for Mapping

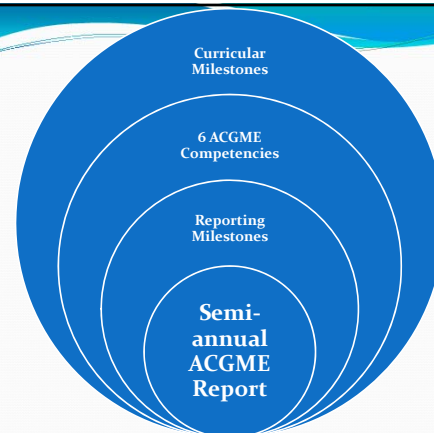
- Identify curricular milestones or EPAs through faculty consensus
- Establish rating scale based on learner and supervisory levels
- Map curricular milestones and EPAs to
 - Each evaluation
 - 6 ACGME competencies
 - ACGME reporting milestones
- Faculty development
- Validation

ACGME Definition of Milestones

- Competency-based developmental outcome expectations that can be demonstrated progressively by residents and fellows from the beginning of their education through graduation to the unsupervised practice of their specialty.
- Key words
 - Competency-based
 - Developmental
 - Outcomes
 - Demonstrated progressively
 - Unsupervised practice

Entrustable Professional Activities

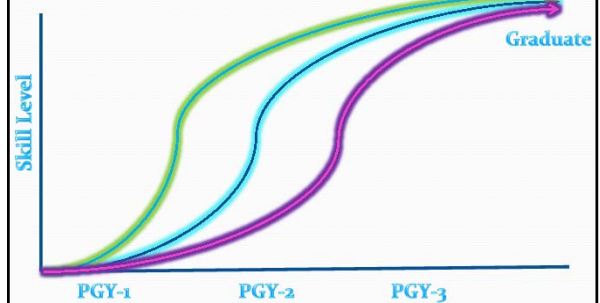
- Society entrusts us to certify that our graduates are capable of independent practice
- How do we:
 - Know they are ready for independent practice?
 - Measure it along the way?
 - Use a common language that allows trainees to understand where they excel or need improvement?



Internal Medicine Milestone Project

- Under the ACGME and ABIM
 - 142 milestones that track development of IM residents
 - Clustered into Entrustable Professional Activities (EPAs) that summarize resident competency
 - Reported in usual 6 competencies
- Allows measurement over time by defining
 - Critical deficiencies
 - Skills developed from early to advanced learners
 - Residents ready for independent practice

Achieving Milestones for Residents



Overarching Principle

- Identify and map entrustable professional activities (EPAs) to residents' various rotations
- Curriculum committee
 - Selected 24 EPAs
 - Mapped to all rotation evaluations
 - Mapped to ACGME reporting milestones

EPAs over Curricular Milestones

- EPAs more specific and goal directed measure of residency performance
- Descriptive anchors not provided
- Faculty development
 - Rating residents
 - Direct observation
 - Degree of supervision compared to peers
 - Overall performance compared to peers

Developing Evaluation Tool

- Identified EPAs (curricular milestones) that would be most effectively observed and assessed during each rotation
- Mapped EPAs to reporting milestones ensuring each EPA and reporting milestone was adequately represented across spectrum of rotations
- Established levels of supervision that would apply to residents from early days to completing of training
- Trained faculty in using milestones and direct observation in evaluating residents
- Reviewed final numeric scores semi-annually against written comments and other parameters and tools to validate scoring system

Types of evaluations

- Outpatient rotations
 - Continuity medical clinic
 - Ambulatory blocks
- Inpatient rotations
 - GIM and Med-ID
 - MICU, CCU, Blue, Pink
 - Night / day float
 - ER, ECS, MOD
- Others
 - Electives
 - Research
 - Practice based learning exercises
 - Quality improvement projects

Entrustable Professional Activities

Evaluations

#	Entrustable Professional Activities	Evaluations														
		Continuity Clinic	Inpatient GIM	MICU	CCU	NACR/NF/DF/MAO	ER/ECS/MOD	FPO	ABR	Resident of intern	Intern of resident	Medical Student of Resident	QI project	Electives	PBL Activities	Research
1	Manages a patient seen in clinic for a chronic medical condition	1						1	1							
2	Manages a patient seen in clinic for an acute medical condition	1						1	1							
3	Manages a clinic session efficiently so that patient care proceeds at an appropriate rate	1						1	1							
4	Recognizes clinical situations in which there is a need for urgent or emergent medical care, including life-threatening conditions		1	1	1	1	1			1	1					
5	Manages routine clinic tasks including follow up of diagnostic testing, patient calls or inquiries, prescription refills, or other administrative tasks associated with an outpatient practice in a timely and efficient manner	1														
6	Updates the medical record accurately and in a timely manner	1	1	1	1		1									
7	Understands and practices age-appropriate screening and preventive care	1														
8	Manages the care of patients with acute common diseases inpatient setting		1		1	1				1	1					
9	Manages the care of patients with acute complex diseases in the inpatient setting			1	1					1	1					
10	Performs all tasks associated with admitting a patient to the hospital		1			1				1						
11	Manages the day to day care of a patient admitted to the hospital on the medicine service.		1	1	1					1						
12	Demonstrates the ability to manage the admission and ongoing care of patients in a critical care unit			1	1											
13	Manages transitions of care associated with admission, change in responsible provider during hospital stay and discharge		1	1	1	1				1						
14	Consults other specialties appropriately and provides appropriate information to the consulting provider	1	1	1	1					1						
15	Provides internal medicine consultation to non-medical specialties													1		
16	Provides preoperative assessment and perioperative care	1						1								
17	Conducts family meetings and communicates plan of care to the patient and their caregivers and/or loved ones.		1	1												
18	Demonstrates professionalism during all interactions with colleagues, other health team members, the patient, caregivers, and the patient's family or loved ones	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
19	Displays learning and improvement through feedback and self assessment	1	1	1	1			1		1				1	1	
20	Demonstrates the ability to utilize information resources to answer clinical questions, appraise the quality of the literature, and appropriately applies evidence based practice to patients	1	1	1	1			1		1	1					
21	Demonstrates commitment to supporting patient safety, improving personal performance and finding improvement opportunities within the system												1		1	
22	Evaluates own practice as it applies to treatment of chronic medical illness and compares the results with best practice standards														1	
23	Demonstrates commitment to the education of patients, their families and members of the healthcare team	1	1							1	1					
24	Functions as an advocate for patients based on their individual needs	1	1	1	1					1	1					
TOTAL		13	13	12	12	5	3	7	4	12	7	1	2	3	4	1

Entrustable Professional Activities	Reporting Milestones																													
	PC1	PC2	PC3	PC4	PC5	Y/N	MK1	MK2	Y/N	SBP1	SBP2	SBP3	SBP4	Y/N	PBL1	PBL2	PBL3	PBL4	Y/N	PROF1	PROF2	PROF3	PROF4	Y/N	ICS1	ICS2	ICS3	Y/N	Total	
1 Manages a patient seen in clinic for a chronic medical condition	1	1	1				1	1													1									6
2 Manages a patient seen in clinic for an acute medical condition	1	1	1				1	1													1									6
3 Manages a clinic session efficiently so that patient care proceeds at an appropriate rate	1	1	1				1														1									5
4 Recognizes clinical situations in which there is a need for urgent or emergent medical care, including life-threatening conditions	1		1				1	1																						4
5 Manages routine clinic tasks including follow up of diagnostic testing, patient calls or inquiries, prescription refills, or other administrative tasks associated with an outpatient practice in a timely and efficient manner	1	1	1				1	1													1									6
6 Updates the medical record accurately and in a timely manner	1																				1					1		1		4
7 Understands and practices age-appropriate screening and preventive care	1	1	1				1	1																						6
8 Manages the care of patients with acute common diseases inpatient setting	1	1	1				1	1													1									6
9 Manages the care of patients with acute complex diseases in the inpatient setting	1	1	1				1	1													1									6
10 Performs all tasks associated with admitting a patient to the hospital		1	1				1						1								1									5
11 Manages the day to day care of a patient admitted to the hospital on the medicine service.		1	1				1	1													1									5
12 Demonstrates the ability to manage the admission and ongoing care of patients in a critical care unit		1	1				1	1					1								1									6
13 Manages transitions of care associated with admission, change in responsible provider during hospital stay and discharge		1	1				1	1		1			1								1						1			8
14 Consults other specialties appropriately and provides appropriate information to the consulting provider		1	1		1		1	1		1																	1			7
15 Provides internal medicine consultation to non-medical specialties		1	1		1		1			1																	1			6
16 Provides preoperative assessment and perioperative care		1	1		1		1			1																				5
17 Conducts family meetings and communicates plan of care to the patient and their caregivers and/or loved ones.										1			1													1	1			4
18 Demonstrates professionalism during all interactions with colleagues, other health team members, the patient, caregivers, and the patient's family or loved ones										1			1				1	1	1		1	1	1	1		1	1			11
19 Displays learning and improvement through feedback and self assessment												1				1	1	1	1											5
20 Demonstrates the ability to utilize information resources to answer clinical questions, appraise the quality of the literature, and appropriately applies evidence based practice to patients							1				1					1	1		1											5
21 Demonstrates commitment to supporting patient safety, improving personal performance and finding improvement opportunities within the system							1			1	1																			3
22 Evaluates own practice as it applies to treatment of chronic medical illness and compares the results with best practice standards											1	1				1														3
23 Demonstrates commitment to the education of patients, their families and members of the healthcare team		1	1							1			1			1					1	1				1	1			9
24 Functions as an advocate for patients based on their individual needs		1	1							1	1	1														1	1			8
TOTAL	9	16	17	0	3		17	11		9	4	3	6		3	4	2	3		1	13	4	1		5	7	1		139	

#4 = procedures; assessment from log book

Yes/No question for each of 6 ACME competencies

6 = Patient care

9 = Medical knowledge (#7 - includes ITE results)

14 = System based practice

19 = Practice based learning

24 = Professionalism

28 = Interpersonal and communication skills



**University of Maryland
Internal Medicine**

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: MICU A
Form: Resident EPA Evaluation

Please assign a level for each competency based on these definitions:

- **Critical deficiency:** Lack of competency in specific area.
- **Very early learner, needs constant and close supervision:** Intern who is functioning at a medical student level and needs constant supervision.
- **Early learner, needs close supervision:** Beginning intern who needs close supervision.
- **Mid-level early learner, needs occasional close supervision:** Mid to late-year intern who meets competencies of an early learner and needs occasional close supervision.
- **Advanced learner, needs distant supervision:** PGY-2 or 3 resident who practices within the scope of residency training with faculty supervising their work.
- **Advanced learner, nearing ability for unsupervised practice:** PGY-2 or 3 resident who is more advanced and beginning to demonstrate readiness for unsupervised practice.
- **Ready for unsupervised practice:** Resident in final year of training who is ready to graduate and practice independently.
- **Ready for unsupervised practice, demonstrates achievement in most milestones:** Resident in final year of training who demonstrates high achievement and is ready to graduate and practice independently.
- **Aspirational:** Truly outstanding resident who consistently demonstrates high achievement, is regarded as a role model, and is ready to graduate and practice independently.
- **Did not assess**

(Question 1 of 17 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Recognizes clinical situations in which there is a need for urgent or emergent medical care, including life-threatening conditions	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 2 of 17 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Updates the medical record accurately and in a timely manner	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 3 of 17 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Manages the care of patients with acute complex diseases in the inpatient setting	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 4 of 17 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Manages the day to day care of a patient admitted to the hospital on the medicine service	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 5 of 17 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Demonstrates the ability to manage the admission and ongoing care of patients in a critical care unit	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 6 of 17 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Manages transitions of care associated with admission, change in responsible provider during hospital stay and discharge	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 7 of 17 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Consults other specialties appropriately and provides appropriate information to the consulting provider	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 8 of 17 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Conducts family meetings and communicates plan of care to the patient and their caregivers and/or loved ones	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 9 of 17 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Demonstrates professionalism during all interactions with colleagues, other health team members, the patient, caregivers, and the patient's family or loved ones	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 10 of 17 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Displays learning and improvement through feedback and self assessment	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 11 of 17 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Demonstrates the ability to utilize information resources to answer clinical questions, appraise the quality of the literature, and appropriately applies evidence based practice to patients	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 12 of 17 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Functions as an advocate for patients based on their individual needs	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 13 of 17 - Mandatory)

	Significantly more supervision required	Slightly more supervision required	Same level of supervision	Slightly less supervision required	Significantly less supervision needed
Degree of supervision required compared to most residents at the same level of training.					

(Question 14 of 17 - Mandatory)

	Significantly below expected level	Slightly below expected level	At expected level	Slightly above expected level	Significantly above expected level
Overall performance compared to most residents at the same level of training.					

(Question 15 of 17 - Mandatory)

Resident Strengths:	
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(Question 16 of 17)

Suggested Areas for Improvement:	
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(Question 17 of 17 , Confidential)

Confidential Comments:

This area is for providing positive or negative feedback that you do not feel comfortable giving directly. These comments will NOT go directly to the intern, resident or medical student concerned. They will go to the program directors who may contact you for further details.



**University of Maryland
Internal Medicine**

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: Endocrinology
Form: Resident EPA Evaluation

Please assign a level for each competency based on these definitions:

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- **Ready for unsupervised practice, demonstrates achievement in most milestones:** Resident in final year of training who demonstrates high achievement and is ready to graduate and practice independently.
- **Aspirational:** Truly outstanding resident who consistently demonstrates high achievement, is regarded as a role model, and is ready to graduate and practice independently.
- **Did not assess**

(Question 1 of 13 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Manages a patient seen in clinic for a chronic medical condition	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 2 of 13 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Manages a patient seen in clinic for an acute medical condition	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 3 of 13 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Updates the medical record accurately and in a timely manner	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 4 of 13 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Manages the care of patients with acute common diseases inpatient setting	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 5 of 13 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Manages the care of patients with acute complex diseases in the inpatient setting	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 6 of 13 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Provides internal medicine consultation to non-medical specialties	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 7 of 13 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Demonstrates professionalism during all interactions with colleagues, other health team members, the patient, caregivers, and the patient's family or loved ones	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 8 of 13 - Mandatory)

	Critical deficiency	PGY-1 Very early learner, needs constant supervision	PGY-1 Early learner, needs close supervision	PGY-1 Mid-level early learner, needs occasional close supervision	PGY-2-3 Advanced learner, needs distant supervision	PGY-2-3 Advanced learner, nearing ability for unsupervised practice	Senior Resident Ready for unsupervised practice	Senior Resident Ready for unsupervised practice, demonstrates high achievement	Senior Resident Aspirational	Did not assess
Displays learning and improvement through feedback and self assessment	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

(Question 9 of 13 - Mandatory)

	Significantly more supervision required	Slightly more supervision required	Same level of supervision	Slightly less supervision required	Significantly less supervision needed
Degree of supervision required compared to most residents at the same level of training.					

(Question 10 of 13 - Mandatory)

	Significantly below expected level	Slightly below expected level	At expected level	Slightly above expected level	Significantly above expected level
Overall performance compared to most residents at the same level of training.					

(Question 11 of 13 - Mandatory)

Resident Strengths:	
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(Question 12 of 13)

Suggested Areas for Improvement:	
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(Question 13 of 13 , Confidential)

Confidential Comments:

This area is for providing positive or negative feedback that you do not feel comfortable giving directly. These comments will NOT go directly to the intern, resident or medical student concerned. They will go to the program directors who may contact you for further details.