## Evaluation Form Printed on Aug 09, 2017

Milestones Annual Self-Evaluation, revise Evaluation:	₽d							Upo	TATE	
Evaluation of:						Departmer	nt of Medicine			
Date:			~							_
Below are the Curricular Milestones; we ask i month of receiving it. Thank you.	that you self-asse	ss your pro	gress as it relates	s lo each mìles	stone. Please be	thoughtful In	your evaluation of y	ourself and we	ask thal you subn	ait this withi
	Level 1		Level 2		Level 3		Level 4		Level 6	N/A
	# Ignares palic	S	Engages palients		Engages patients chared decision o	nnisker	Identifies and			
				7	▼ €	ADERA T				
<ol> <li>Communicates effectively with patients and caregivers.*</li> </ol>	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision reeded,	Acceptable but supervisio from a distance needed.	competent	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2 Uses unidirection		Level 3 Inconsistently eng	ages •	Level 4 Consistently and ac	urciy		N/A
	communicati	Inn	communication th	rad l	in collaborativa • E	pt in q o	whitenes of regulation	ation leach	es collaborative	l
2. Communicates effectively in nterprofessional teams (e.g. peers, consultants, nursing, encillary professionals and other support personnel).*	□ Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed.	compelent	Functioning at level of seasoned allending.	Functioning at level of expert attending.	Unable to evaluate
									Level 5  Role models effective  Litining at level of expert attending.  Level 5  Role models and teaches collaborative  Level 5  Role models and teaches diaborative  Level 5  Role models and teaches importance of	
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
	Health records an absent or missing		alth records are organized and		th records are org accurate but are	anized _	Health records are			
. Appropriate utilization and completion of health records.*	Incompetent.	Limited ability.	Developing	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance	competent	Functioning at level of seasoned attending.	Functioning at level of expert	Unable to evaluate
		To To								
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
	Does not coll     course	ect -	Inconsistently able		Consistently acqui		Acquires accurate			

4. Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s)."	Incompetent. Limit	ed Developii	ng, Impro	ving. A	Average, ut on-site direct upervision needed,	Accept but superv from distar need	able, I Islon A	Fully competent (supervision unnecessary If not for the ACGME).	Functio at leve season attend	l of red	Functioning at level of expert attending.	Unable fo evaluate
												0.0
	Level 1	Level 2	2		Level 3			Level 4			Level 5	N/A
	Care plans are	• Inconsistent			islantly develo			propriately modifie	s		e models and	
5. Develops and achieves comprehensive management plan for each patient.*	Incompelent Limi abil	ted Developi	ng. Impro	oving.	Average, ut on-site direct upervision needed.	Accept bu superv from dista	able, t rision i a nce	Fully compelent (supervision unnecessary if not for the ACGME).	Function at level seaso attended	ning el of ned	Functioning at level of expert atlending.	Unable lo evaluate.
	Lovel 1	Level	2		Level 3			Level 4			Level 5	N/A
	Cannol advance	Requires di     curantistan			iires indirect			dependently mana			es unusual, complex	
5. Manages palients with progressive responsibility and independence.*	Incompetent. Lim	lted Develop			Average, put on-site direct supervision needed.	Accep bu supen from dista	table, ut vision n a ince	Fully competent (supervision unnecessary if not for the ACGME).	Function at leving season attended	onling el of ined	Functioning at level of expert attending.	Unable to eya(uate
												. NIA
	Level 1	Level	2		Level 3			Level 4			Level 5	N/A
	Altempls to	Possesses Insu technical skill fo			es basic lechi ne completion • r			sses lechnical skill accessfully perform			eximizes	
7, Skill in performing procedures.*	Incompetent. Lim	Develop dited Develop			Average, but on-site direct supervision needed	super froi distr	otabie, ut	Fully competent (supervision unnecessary if not for the ACGME).	Functi at lev seas atten	oning el at aned	Functioning at level of expert attending.	Unable to evaluate
								L mod 4			Lovel 5	N/A
	Level 1	Leve			Level 3			Lavel 4			Level 5	HIP
	<ul> <li>Is unresponsive to questions or</li> </ul>	Inconsister		00000	ides consulta	nte		rovides consultation			witches obveen the mile	
8, Requests and provides consultative care.*	Incompatent. Lin	nited Develop			Average, but on-site direct supervision needed.	Accept by super from dist	plable, out rvision m a ance	Fully competent (supervision unnecessary if not for line ACGME).	Funct at le	lioning vel of coned ading.	Functioning at level of expert attending.	Unable to evaluate

	Level 1		Level 2		Level 3			Level 4			Level 5	N/A
	Lacks the scientific secreeconomic or		ssesses insufficien entific, socioecono		Possesses the scienti socioeconomic and			sses the scientific, conomic and beha		osses clentifi	ses the	
∂. Clinical knowledge*	incompelent.	Limited ability.	Developing.	Improvi	: 0	Accepta but supervise from a distant	sion a ce	Fully competent (supervision unnecessary if not for the ACGME).	Function at level spason attendir	of ed	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3			Lauret			Louis	NUA
	Lacks foundational		Inconsistently		Consistently inter			Level 4 erprets complex		= Ani	Level 5	N/A
0. Knowledge of diagnostic testing and rocedures.*	Incompetent	Limited ability.	Developing.	Improvi		Accepta but supervis from a	sion a	Fully competent (supervision unnecessary if not for the ACGME).	Function at level seasons attendin	of ed	Functioning at level of expert altending.	Unable to evaluate
	Level1		Level 2	150	Level 3			Level 4			Level 5	N/A
	reflect upon		unante to gett-rell		Inconsistently self			gularly self-reflect			gularly self- ecls and	
. Monitors practice with a goal for provement.*	Incompetent.	Limited ability.	Developing.	□ Improvir		Acceptal but supervis from a distance	sion a	Fully competent (supervision unnecessary if not for the ACGME).	Function at level seasone attendin	of ed	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3			Level 4		- Acli	Level 5	N/A
. Learns and Improves via rformance audit.*	Disregards own clinical  Incompetent.				Analyzes own clim neuformance data * 6		ble,	alyzes own clinica  Fully  competent (supervision  unnecessary if not for the		Action Ac	ively monitors	Unable
	Disregards own clinical  Incompetent.	Limited	Limited invarones	74	Analyzes own din nerformance data  ve  g. Average, but on-site direct supervision	Acceptal but supervise from a distance	ble,	alyzes own clinica domnance data en Fully competent (supervision unnecessary	Functioni at level	Aciin	ively monitors  Institute  Functioning at level of expert	Unable

	Incompetent	Limiled ability.	Developing.	Improving	Average, but on-site direct supervision needed.	Acceptab but supervision from a distance needed	on (s ur e if	Fully competent supervision nnecessary not for the ACGME).	Function at leving season attender	el of oned	Functioning at level of expert attending.	Unable to evaluate.
			Loude		Level 3			Level 4			Level 5	N/A
	Level 1	1.	Level 2 Rarely "slows dow		Inconsistently slo			nely "slows dow		■ Set	arches medical	
	arknowledne		In reconsider an		dmun" in reconside	aran mpand =	recons	elder an annme	irh	infr	vmalion	
14. Leams and improves at the point of care.*	incompetent.	Limited ability.	Developing.	☐ Improving.	Average, but on-site direct supervision needed.	Acceptable but supervisi from a distance needed	ion (s ı uı se if	Fully competent supervision necessary f not for the ACGME).	Functi at lev sease atten	oning rel of oned	Functioning at level of expert attending.	Unable to evaluate.
										-		
	Lavel 1		Level 2		Level 3			Lovel 4			Level 5	N/A
	Refuses to		Identifies roles of		Understands the r			retands the role			egrates all embers of the	
5. Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel).*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-sile direct supervision needed.	Acceptal but supervis from a distant neede	sion ( a u ce i	Fully competent supervision innecessary if not for the ACGME).	Funct at le	J doning vel of caned ading.	Functioning at level of expert attending.	Unable to evaluate
e.	= Ignores a ris		Level 2  Does not recognithe notential for	ize =	Level 3 Recognizes the	willdn		Level 4  Ifies systemic as of medical e	rror		Level 5 dvocales for	N/A
16. Recognizes system error and advocates for system Improvement.*	Incompetent.	Limited ability.	Developing.	Improving.	0	Accepta but supervis from distan neede	sion ( a u	Fully competent (supervision unnecessary if not for the ACGME).	Func at le	lioning ivel of somed ading.	Functioning at level of expert attending.	Unable to evaluate
										ŀ		N/A
	Level 1		Level 2		Level 3			Level 4			Level 5	HUY
	Ignores cost		Lacks awareness		Recognizes that external factors	Expand •		sistently works			eaches patients	
17. Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care.*	Incompetent.	Limited ability,	Developing,	Improving		Accepta but supervi	sion a l	Fully competent (supervision unnecessary If not for the ACGME).	Fund at le	ctioning evel of soned anding.	Functioning at level of expert attending.	Unable to evaluate

	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
	■ Disregards	need	* Inconsistently ut		Recognizes the		Appropriately utilize     available resources		Courdinales care	
18. Transitions patients effectively within and across health delivery systems.*	Incompatent.	Limited ability.	Developing.	Improving,	Average, but on-site direct supervision needed.	Acceptabe but supervision a distance needed	competent on (supervision unnecessary of lif not for the	Functioning at level of seasone attending	of at level of d expert	Unable to evaluate.
	Level 1	T	Level 2		Level 3		Level 4		Level 5	N/A
19. Has professional and respectful interactions with patients, caregivers and members of the Interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel).*	Incompetent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptab but supervision from a distance needed	e, Fully competent on (supervision unnecessary if not for the	Functionin at level of seasoner attending	ng Functioning of at level of d expert	Unable to evaluate,
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
20. Accepts responsibility and follows through on tasks.*	Incompetent.	Limited ability.	Developing.	improving.	Average, but on-site direct supervision needed.	Acceptable but supervise from a distance needed.	e. Fully competent (supervision unnecessary if not for the	Functioning at level of seasoned attending	□ ng Functioning of at level of d expert	Unable to evaluate.
						7	MATTER			
	Level 1		Level 2		Level 3		Level 4		Lovel 5	N/A
<ol> <li>Responds to each patient's unique harecleristics and needs.</li> </ol>	Incompetent	Limited ability.	Developing,	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed.	competent in (supervision unnecessary	Functionin at level o seasoned attending	f at level of expert	Unable to evaluate.
		1		-0-			1011			Ţ
2. Exhibits integrity and ethical behavior or professional conduct,*	Level 1	Limited ability.	Level 2	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed,	compelent	Functioning at level of seasoned attending	f at level of expert	Unable to evaluate,
		(								
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
<ol> <li>Provide limely and comprehensive erbal and written communication to etlents/advocates*</li> </ol>	Incompetent.	Limited ability,	Developing,	Improving.	Average, but on-site direct	Acceptable but supervision from a	compelent	Functionin at level o seasoned attending	f at level of expert	Unable to evaluate.

					supervision needed.	distance needed.	If not for the ACGME).			
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
24, Effectively use verbal and nonverbal kkils to create rapport with selients/families*	Incompetent.	Limiled ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
25, Use communication skills to build a herapeutic relationship*	Incompetent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed	Acceptable, but supervision from a distance needed,	Fully compelent (supervision unnecessary If not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
	Lavel 1		Level 2		Level 3		Level 4		Level 5	N/A
8, Engage patients/advocates in shared lecision making for uncomplicated lagnostic and therapeutic scenarios*	Incompelent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable Io evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
27. Uillize patient centered educational strategies*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unhecessary If not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluat
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
28, Engage patient/advocates in shared decision-making for difficult, embiguous or controversial scenarios*	tncompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned aftending.	Functioning at level of expert attending.	Unabl to evelue
	Level 1		Lavel 2		Level 3		Level 4		Lavel 5	N/A
29. Appropriately counsel patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocation*	Плсотреlent.	Limited ability.	Developing.	Improving.	Average, but on-site direct	Acceptable, but supervision	Fully competent (supervision	Functioning at level of	Functioning at level of	Unabl to evalua

					supervision needed.	from a distance needed.	unnecessary if not for the ACGME).	seaso		
	I evel 1		l evel 2		Level 3		l evel 4		Level 5	N/A
30. Role model effective communication skills in challenging situations*	Incompetent.	LImited ability.	Developing,	Improving.	Average, bul on-site direct supervision needed.	Acceptable but supervisio from a distance needed.	competent	Function at level seaso attend	oning Functioning el of at level of ned expert	Unable lo evaluate
	Pil									
	Level 1		Level 2		Level 3		Level 4		Lavel 5	N/A
31. Effectively use an interpreter to engage patient in the clinical setting, including patient education <sup>≺</sup>	Incompetent.	Llmited ability.	Developing.	Improving.	Average, but on-site direct supervision needed,	Acceptable but supervision from a distance needed.	competent	Functio at leve season attend	ening Functioning all of at level of ned expert	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
<ol> <li>Demonstrate sensitivity to differences a pattents including but no limited to ace, culture, gender, sexual orientation, ocioeconomic status, literacy, and aligious bellefs*</li> </ol>	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-sile direct supervision needed.	Acceptable but supervision from a distance needed.	compelent	Functional lever season attending	oring Functioning at of at level of ned expert	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
3. Actively seek to understand patient ifferences and views and reflects this In espectful communication and shared ecision-making with the patient and the ealthcare team*	Incompetent	Limited ability.	Developing.	mproving.	Average, but on-site direct supervision needed.	Acceptable but supervisior from a distance needed.	compelent	Functio at leve seasor attendi	ning Functioning of at level of ned expert	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
I. Effectively communicate with other tregivers in order to maintain propriate continuity during transitions care*	Incompelent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed.	competent	Function at leve seasor allendi	ning Functioning of at level of expert	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
5. Role model and leach effective or munication with next caregivers uring transitions of care*	Incompetent	Limited ability.	Developing.	Improving.	Average,	Acceptable		Function at leve	ning Functioning	Unable

					direct supervision needed.	supervision from a distance needed,	(supervision unnecessary if not for the ACGME).	seasor attendi		expert gliending.	eveluale.
	Level 1		Level 2		Level 3		Level 4			Level 5	N/A
6, Deliver appropriate, succinct, ypothesis-driven oral presentations	Incompelent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed.	competent	Function at level season attended	ning ol of ned	Functioning at level of expert attending,	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4			Level 5	N/A
17. Effectively communicate plan of care of all members of the health care team*	Incompetent	Limiled ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed.	competent	Function at level seaso attende	ming el of ned	Functioning at level of expert atlending.	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4			Level 5	N/A
18. Engage in collaborative communication with all members of the lealth care learn*	Incompetent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance	competent	Function at level season at level	oning el of oned	Functioning at level of expert attending.	Unable to evaluate
	Lavel 1		Level 2		Level 3		Løvel 4			Level 5	N/A
39, Request consultative services in an affective manner <sup>4</sup>	Incompetent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervisio from a distance needed,	competent n (supervision unnecessary	Functi at lev seaso atten	oning rel of oned	Functioning at level of expert attending.	Unable lo evaluat
	Level 1		Level 2		Level 3		Level 4			Level 5	N/A
10. Clearly communicate the role of consultant to the patient, in support of the primary care relationship*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervisio from a dislance needed,	competent n (supervision unnecessary if not for the	Functi at lev seas atten	ioning /el of oned	Functioning at level of expert attending.	Unabl to evalua
	Lavel 1		Level 2		Level 3		Level 4			Lovel 5	N/A
41. Communicate consultative recommendations to the referring team in	Incompelent.		Developing.	Improving.		0		C	3	0	

an affective manner*		Limited ability.			Average, but on-site direct supervision needed.	Accepts but supervi from distan	compete sion (supervis a unnecess ce if not for	nt at le lon sea ary atte	tlaning evel of soned nding.	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4			Level 6	N/A
42. Provide legible, accurate, complete, and timely written communication that is congruent with medical standards*	Incompetent	Limited ability.	F 1 W	Improving.	Average, but on-site direct supervision needed.	Accepta but supervi from distan neede	compete lon (supervis unnecess if not for t	Fundant at le	citioning evel of soned nding.	Functioning at level of expert atlending.	Unable to evaluate
	Level 1		Level 2								
43. Ensure succinct, relevant and patient-specific written communication*	Incompetent.	Limited ability.		Improving.	Average, but on-site direct supervision needed.	Accepta but supervis from distant	compete sion (supervisi a unnecess if not for t	Fund nt atte on sea ery atte	tioning evel of sorred anding.	Functioning at level of expert attending.	Unable to evaluate.
	Level 1		Level 2		Level 3	- 1	Level 4			Lucal 5	
44. Demonstrate empathy and compassion to all patients*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Accepta but supervie from a distance	ble, Fully competer (supervision unnecessing lift not for the	Func on season ary attention	Iloning evel of soned ading.	Functioning at level of expert attending,	Unable to evaluate,
	Level 1		Level 2		Layel 3		Level 4			Level 5	N/A
t5. Demonstrate a commitment to relieve bain and suffering*	Incompetent.	Limited ability.	Developing.	Improving,	Average, but on-site direct supervision needed.	Acceptal but supervise from a distance	competer fon (supervisit unnecesse e If not for it	Func at le on sear ary after ne	lioning vel of lioned nding.	Functioning at level of expert attending.	Unable to evaluate.
	1 eval 1		Lavel 2		Laval 2		L mod 4				
6. Provide support (physical, sychological, social and spiritual) for ying patients and their families*	Level 1	Limited ability.	Level 2  Developing.	☐ Improving.	Average, but on-site direct supervision needed.	Acceptate but supervis from a distance	competer ion (supervision unnecessa e if not for the	Function at least on season atterned	J loning vel of oned iding.	Functioning at level of expert altending.	Unable to evaluate
1	Level 1		Level 2		Level 3		Level 4			Level 5	N/A

47. Provide leadership for a team that espects patient dignity and autonomy*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functi at lev seaso attend	oning el of oned	Functioning at level of expert attending.	Unable to evaluate,
			Level 2		Level 3		Level 4			Level 5	N/A
48. Communicate constructive feedback to other members of the health care team*	Level 1	Limited ability.	Developing.	improving,	Average, but on-site direct supervision needed,	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functi at lev seas atten	J ioning vel of oned	Functioning at level of expert attending.	Unable to evaluate,
			,								
49. Recognize, respond to and report impairment in colleagues or substandard care via peer review process*	Level 1	Limited ability.	Level 2  Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary If not for the ACGME).	Funct at le	I loning vel of coned ading.	Functioning at level of expert attending.	Unable to evaluate.
	Level 1		Level 2		Level 3		Level 4			Level 5	N/A
50. Respond promptly and appropriately to clinical responsibilities including but not fimited to calls and pages*	Incompetent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Func at le sear	Displayed at the state of the s	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4			Level 5	N/A
51. Carry out timely interactions with colleagues, patients, and their designated caregivers*	Incompetent.	Limiled ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Fund at le	ctioning evel of soned nding.	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4			Level 5	N/A
52. Recognize and manage obvious conflicts of interest, such as caring for family members and professional associates as patients*	Incompetent	Limited ability.	☐ Developing.	Improving.	Average, bul on-sile direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Fundat la	Clioning evel of asoned ending.	Functioning at level of expert attending.	Unable to evaluate

53. Maintain ethical relationships with industry*	Incompelent.	□ Limiled ablity.	Doveloping.	☐ Improving.	Average, but on-alle direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
-	Level 1		Level 2		Lavel 3		Level 4		Level 5	N/A
54. Recognize and manage subtler conflicts of interest*	Incompelent.	L(mited ability.	Developing,	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
						_				
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
55. Dress and behave appropriately⁵	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending,	Unable to evaluate
i6. Maintain appropriate professional etailonships with pellents, families and laifi*	Level 1	Limited ability.	Level 2  Developing.	Improving.	Level 3  Average, but on-site direct supervision	Acceptable, but supervision from a	Euvel 4  Fully competent (supervision unnecessery	Functioning at level of seasoned attending.	Functioning at level of expert attending.	N/A Unable to evaluate
7. Ensure prompt completion of clinical,	Lavel 1		Level 2		Level 3	dislance needed.	if not for line ACGME).  Level 4		Level 5	N/A
dministrative and curricular (asks*	Incompetent.	Limited ability.	Developing.	Improving,	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnacessary if not for lihe ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate,
								1.		
8. Recognize and address personal, sychological, and physical limitations nat may affect professional erformance*	Level 1	Limited ability.	Level 2	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate.

	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
Recognize the scope of his/her , bilities and ask for supervision and ssislance appropriately*	Incompelent	口: Limited ab₩ly.	Developing.	Improving,	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully compelent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
	Lavel 1		Lavel 2		Level 3		Level 4		Level 5	N/A
O. Serve as a professional role model or more junior colleagues (e.g. medical ludents, interns)*	Incompetent.	Limited ability,	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending,	Uneble to evaluat
										1
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
of. Recognize the need to assist colleagues in the provision of dutles*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unabl to evaluat
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
52, Recognize when it is necessary to advocate for Individual patient needs*	Incompetent.	Limiled ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary If not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unabl Unabl to evalua
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
33, Effectively advocate for individual vatient needs*	Incompetent.	Limited ability.	Developing.	Improving,	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned altending.	Functioning at level of expert attending.	Unab to evalua
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
64, Recognize and take responsibility for situations where public health supersedes individual health (e.g. reportable infectious diseases)*	Incompelent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unat to evalua

	r -									1
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
65. Treat patients with digntly, civility and respect, regardless of race, culture, gender, ethnicity, age, or socioeconomic status*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervisi from a distance needed	competent on (supervision unnecessary a If not for the	Functioning at level of seasoned attending.	Functioning at level of experior attending.	Unable to evaluate
	Løvel 1		Level 2		Level 3		Level 4		Lavel 5	N/A
66. Recognize and manage conflict when patient values differ from their own*	incompetent.	Limited ability.	Developing.	tmproving.	Average, but on-site direct supervision needed.	Acceptab but supervisi from a distance	competent on (supervision unnecessary if not for the	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluat
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
37, Maintain patient confidentiality*	☐ incompelent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptab but supervision from a distance needed	competent on (supervision unnecessary if not for the	Functioning at level of seasoned attending.	Functioning at level of expert allending.	Unable to evaluate
	Lavel 1		Level 2		Level 3		Level 4		Lavel 5	N/A
Educate and hold others accountable r patient confidentiality*	Incompalant.	Limited ability.	Developing,	Improving.	Average, but on-site direct supervision needed.	Acceptab but supervision from a distance	competent (supervision unnecessary if not for the	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable lo evaluat
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
Recognize that disparilles exist in ealth care among populations and that sey may impact care of the patient*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptab but supervision from a distance needed	competent on (supervision unnecessary if not for the	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3		Lovel 4		Level 5	N/A
Embrace physicians' role in assisting the public and policy makers in nderstanding and addressing causes of sparity in disease and suffering*	: Incompetent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptab but supervision from a distance	competent on (supervision unnecessary if not for the	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate

	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
1. Advocates for appropriate allocation f limited health care resources*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed.	competent	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable lo evaluale
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
2. Acquire accurate and relevant history om the patient in an efficiently ustomized, prioritized, and hypothesis riven fashion*	Incompetent.	Limited ability.	Developing	improving	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed.	Fully competent	Functioning at level of seasoned attending.	Fundloning at level of expert altending.	Unable to evaluate
3. Seek and obtain appropriate, verified, and prioritized data from secondary purces (e.g. family, records, narmacy)*	Level 1	LImited ability.	Level 2	[] Improving	Average, but on-site direct supervision needed.	Acceptable but supervisio from a distance	competent	Functioning at level of seasoned attending.	Functioning allevel of expert attending.	N/A Unable to evaluate
s. Obtain relevant historical subtleties at inform and prioritize both differential agnoses and diagnostic plans, cluding serisitive, compilcated, and stailed information that may not often by volunteered by the pattent	Lavel 1	Limited ability.	Level 2  Developing.	□ Improving.	Level 3  Average, but on-sile direct supervision needed.	Acceptable but supervisio from a	competent	Functioning at level of seasoned ettending	Functioning at level of expert altending.	N/A  Unable to evaluat
	Level 1		Level 2		Level 3	needed.	ACGME).		Level 5	N/A
. Role model gathering subtle and liable information from the patient for nior members of the health care am*	Incompelent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed.	competent	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unabl to evalua
	Louis 4		Level 2		Level 3		Level 4		Level 5	N/A
6, Perform an accurate physical xamination that is appropriately treeted to the patient's complaints and tedical conditions. Identify pertinent bnormalitles using common taneuvers'	Level 1	Limited ability.	Developing.	Improving.	Average, but on-sile direct supervision needed.	Acceptable but supervision from a distance needed	e, Fully competent n (supervision unnecessary	Functioning at level of seasoned attending	Functioning at level of expert attending.	Unab to evalua

	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
77. Accurately track important changes in the physical examination over time in the outpatient and inpatient settings*	Incompetent,	Limited ability.	Developing.	Improving	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3	1	Level 4		Level 5	N/A
78. Demonstrate and teach how to elicit important physical findings for junior members of the health care team*	Incompetent.	Llm(ted ability,	Developing.	Improving,	Average, but on-sile direct supervision needed.	Acceptable, but supervision from a distance needed,	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
79. Routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable*	☐ Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-sile direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert altending.	Unable to evaluate.
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
10. Synthesize all avaliable dala, notuding interview, physical examination, and preliminary laboratory dala, to deline each patientis central clinical problem*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending,	Functioning at level of expert attending.	Unable to evaluate.
	Level 1		Level 2		Lavel 3		Level 4		Lavel 5	N/A
Develop prioritized differential diagnoses, evidence-based diagnostic and therapeutic plan for common apattent and ambulatory conditions*	Incompetent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed,	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned atlending.	Functioning at level of expert attending.	Unable to evaluete.
	Level 1		Level 2		Level 3		Level 4		Lovel 5	N/A
i2, Modify differential diagnosis and care ilan base on clinical course and data as ippropriate*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned atlending.	Functioning at level of expert attending.	Unable lo evaluate

	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
13. Recognize disease presentations hat deviate from common patterns and hat require complex decision making*	Incompetent	Limited ability.	Developing.	Imptoving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for lhe ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3		Lovel 4		Level 5	N/A
Appropriately perform invasive ocedures and provide post-procedure anagement for common procedures*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully compelent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
			,							
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
5. Make appropriate clinical decisions ased on the results of common agnostic testing, including but not mited to routine blood chemistries, ematologic studies, coagulations tests, riterial blood gases, ECG, chest adiographs, pulmonary function tests, rinalysis and other body fluids*	Incompetent.	Limited ability.	☐ Developing.	☐ Improving,	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully compelent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
Make appropriate clinical decisions ased upon the results of more dvanced diagnostic tests*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision heeded.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending	Functioning at level of expert attending.	Unable to evaluat
	Level 1		Level 2		Level 3		Level 4		Layel 5	NIA
<ol> <li>Recognize situations with a need for a need for urgent or emergent medical are, including tife-threatening conditions*</li> </ol>	Incompetent.	Limited ability.	Developing.	Improving	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending	Unabl (o evalue
		1								1
	Lavel 1		Level 2		Level 3		Level 4		Level 5	N/A
88. Customize care in the context of the patient's preferences and overall nealth*	Incompetent.	Limited ability.	Developing	Improving	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	competent	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unab Ilo evalua

÷	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
89. Recognize when to seek additional guidance*	Incompetent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
	Lavel 1		Level 2		Level 3		Level 4		Level 5	N/A
90, Provide appropriate preventive care and teach patient regarding self-care*	Incompetent,	.□ Limited abilily.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable lo evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
of. With minimal supervision, manage varients with common clinical disorders seen in the practice of inpatient and imbulatory general internal medicine*	Incompetent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert allending.	Unable lo evaluate
	Level 1		Level 2		Level 3		Lovel 4		Level 5	N/A
2. With supervision, manage patients ith common and complex clinical inical disorders seen in the practice of patient and ambulatory general internal edicine.	Incompetent,	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending,	Functioning at level of expert attending.	Unable to evaluate
								-7		ı
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
3. Initiate management and stabilize atients with emergent medical anditions*	Incompetent	Limited ability,	Developing,	Improving,	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
Manage patients with conditions that quire intensive care*	Incompetent.	Limited ability.	Developing.	☐ Improving.	Average, but on-site direct	Acceptable, but	Fully competent (supervision	Functioning at level of seasoned	Functioning at level of expert	Unable to evaluate

						needed	ACGME)			
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
i. Independently manage patient with a coad spectrum of clinical disorders seen the practice of general internal adicine*	incompetent.	Limited ability,	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending,	Functioning at level of expert attending.	Unable to evaluate.
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
, Manage complex or rare medical nditions*	Incompetent	Limited ability.	Developing.	☐ Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
. Provide specific, responsive nsultation to other services*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned ettending.	Functioning at level of expert attending.	Unable to evaluate
						Ī				. AVA
l. Provide internal medicine insultation for patients with more implex clinical problems require stalled risk assessment*	Level 1	Limited ability.	Level 2  Developing,	Improving	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evalual
										1
). Undersland the relevant alhophysiology and basic science for ammon medical conditions*	Level 1	Limited ability.	Level 2  Developing.	Improving.	Level 3  Average, but on-site direct	Acceptable, but supervision	Level 4  Fully competent (supervision	Functioning at level of seasoned	Level 5  Functioning at level of expert	Unable to evaluate
					supervision needed.	from a distance needed,	unnecessary if not for the ACGME).	attending.	attending.	
	Levol 1		Level 2		Level 3		Level 4		Level 5	N/A
00. Domonstrate sufficient knowledge to agnose and treat common conditions at require hospitalization*	Incompetent,	Limited ability.	Developing.	Improving.	Average, but on-site	Acceptable, but supervision	Fully competent (supervision	Functioning at level of		Unab to evalua

					supervision needed.	from a distance needed.	unnecessary if not for the ACGME).	seasoned attending.	expert attending.	
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
101. Demonstrate sufficient knowledge to evaluate common ambulatory conditions*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed.	competent	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate,
	- 41									
	Lovel 1		Level 2		Level 3		Level 4		Level 5	N/A
102. Demonstrate sufficient knowledge to diagnose and treat undifferentiated and emergent conditions*	Incompetent.	Limited ability.	Developing.	Improving.	Avarage, but on-site direct supervision needed.	Acceptable but supervision from a dislance needed.	competent	Functioning at level of seasoned attending.	Functioning at level of expert aftending.	Unable to evaluate.
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
103. Demonstrate sufficient knowledge to provide preventive care*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed,	Acceptable but supervision from a distance needed,	compelent	Functioning at level of seasoned attending.	Functioning at level of expert aftending.	Unable to evaluate.
	Level 1		Level 2		Lavel 3		Level 4		Level 5	N/A
104. Demonstrate sufficient knowledge to identify and Ireat medical conditions that require intensive care*	Incompetent.	Limited ability.	Developing.	Improving,	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed.	competent	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate.
	Level 1		Level 2		Level 3		Level 4	V - 7000 - 100	Level 5	N/A
05. Demonstrate sufficient knowledge to valuate complex or rare medical onditions and multiple coexistent onditions*	☐ Incompetent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed,	Acceptable but supervision from a distance	compelent	Functioning at level of seasoned altending.	Functioning at level of expert allending.	Unable to evaluate,
Ĭ	Level 1		Level 2		Level 3		Level 4		Level 5	AltA
106. Understand the relevant bathophysiology and basic science for	Incompetent	El Limited ability.	Developing.	Improving.	Average,	Acceptable,		Functioning at level of	Functioning at level of	Unable

incommon or complex medical conditions*					direct supervision needed.	supervision from a distance needed.	(supervision unnecessary if not for the ACGME).	seasoned attending.	expert attending.	evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
07. Demonstrate sufficient knowledge of ocio-behavioral sciences including but of limited to health care economics, nedical ethics and medical education*	incompetent,	Limiled ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert ettending.	Unable to evaluate
						-,				
	Level 1		Level 2		Level 3	1	Level 4		Level 5	N/A
108. Understand Indications for and pasic interpretation of common than the common than the common than the common than the control of the common than the common that the com	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert allending.	Unable lo evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
09, Understand indications for and has asic skills in Interpreting more advanced lagnostic tests*	Incompetent.	Limited ability.	□ Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed.	competent	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unabl to evalua
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
110. Undersland prior probability and test performance characteristics*	Incompatent.	Limited ability.	Developing.	Improving	Average, but on-site direct supervision needed,	Acceptable but supervision from a distance needed.	competent	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unab to eyalua
	Level 1		Lovel 2		Level 3		Level 4		Level 5	N/A
11, Appreciate the responsibility to issess and improve care collectively for panel of patients <sup>4</sup>	Incompelent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed.	competent	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unat to evalua
	Level 1		Levél 2		Level 3		Level 4		Level 5	N//
112, Perform or review audit of a panel of						0				

patlents using standardized, disease- specific, and evidence-based criteria*	Incompetent	Limited ability.	Developing.	Improving	Average, but on-sile direct supervision needed.	Acceptable, but supervision from a distance needed,	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending,	Unable to evaluate.
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
113. Reflect on audit compared with local or national benchmarks and explore possible explanations for deficiencies, including doctor-rolated, system-related, and patient-related factors*	Incompetent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed,	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert ellending.	Unable to evaluate,
	i,evel 1		Level 2		Level 3		Level 4		Level 5	L
114. Identify areas in resident's own practice and local system that can be changed to improve the processes and outcomes of care*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-sile direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned atlending.	Functioning at level of expert allending.	Unable to evaluate.
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
115. Engage in a quality improvement intervention*	Incompetent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate.
		- 1/-								
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
16. Identify learning noods (clinical juestions) as they emerge in palient are activities*	Incompetent.	Limited ability.	□ Developing,	[] Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate.
	l must d		Level 2		L					
17. Classify and precisely articulate initial questions*	Level 1	Limiled ability.	Level 2  Developing.	Improving.	Average, but on-site direct supervision needed,	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate.
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A

118. Develop a system to track, puraue, in and reflect on clinical questions*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed,	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
119. Access medical information esources to answer clinical questions and support decision making*	Incompetent.	Llmited ability.	Developing.	Improving.	Average, but on-sile direct supervision needed.	Acceptable, but supervision from a distance needed,	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate.
	10004		house 2		Level 3		Level 4		Level 5	N/A
i 20. Effectively and afficiently search NLM databases for original clinical esearch articles⁵	Level 1	Limited ability.	Level 2  Developing	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of soasoned attending.	Functioning al level of expert attending.	Unable to evaluate,
	Cavel 1		Level 2		Level 3		Level 4		Level 5	N/A
21. Effectively and efficiently search vidence-based summary medical formation resources*	Incompetent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
	,				= Koday	T				
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
122. Appraise the quality of medical normation resources and select among hem based on the characteristics of the clinical question*	Incompetent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasonout attending	Functioning at level of expert attending.	Unable to evaluate
									LovelE	NVA
123. Wilh assistance, appreise study design, conduct, and stalistical analysis in clinical research papers*	Level 1	Limited ability.	Level 2  Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	competent	Functioning at level of seasoned attending.	at level of	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	NIA

	1									
124. With assistance, appraise clinical guideline recommendations for blas*	Incompelent	Limited ability.	Developing,	Improving.	Average, but on-site direct supervision needed,	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary If not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
125. Independently appraise study design, conduct and statistical analysis in dinical research papers*	Incompetent.	Limited ability.	Developing.	Improving,	Average, but on-site direct supervision needed,	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary If not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluet
	Lovel 1		Level 2		Level 3		Level 4		Level 5	N/A
26, independently appraise clinical juidefine recommendations for bias and cost-benefit considerations*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert ettending.	Unable to evaluate
27. Determine if clinical evidence can e generalized to an individual palient*	Incompetent.	Limited ability.	Developing,	Improving	Average, but on-site direct supervision needed,	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluat
						- 4				
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
28. Customize clinical eyldence for an dividural patlent*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed,	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
									-	

	Level 1	1	Level 2		Level 3		Level 4		Level 5	N/A
130. Integrate clinical evidence, clinical context, and patient preferences into decision-making*	Incompetent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervisio from a distance needed.	competent	Functionia at level o seasone attending	at level of expert	Unable to evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
31. Respond welcomingly and roductively to feedback from all tembers of the health care team cluding feculty, peer residents, tudents, nurses, allied health workers, atlents and their advocates*	Incompetent.	Limited ability,	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed.	competent n (supervision unnecessary	Function) at level of seasone attending	of at level of d expert	Unabk to evaluat
	Level 1		Level 2		Lavel 3		Level 4		Level 5	N/A
32, Aclively seek feedback from all nembers of the health care team*	Incompetent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed,	Acceptable but supervision a distance needed.	competent in (supervision unnecessary if not for the	Functioni at level seasone attendin	of at level of expert	Unable to evaluat
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
33. Celibrate self-assessment with sedback and other external data*	Incompetent.	Limited s ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptabe but supervisit from a distance needed	competent on (supervision unnecessary of finot for the	Function at level seasone attendin	of at level of ad expert	Unabl to evalua
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
34. Reflect on feedback In developing lans for improvement*	Incompelent.	Limiled ability,	Developing.	[] Improving	Average, but on-site direct supervision needed.	Acceptab but supervisi from a distance needed	compolent (supervision unnecessary if not for the	Function at level season attendir	of at level of ed expert	Uneb to evalua
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
135. Maintain awareness of the situation in the moment, and respond to meet situational needs*	Incompetent	Limiled ability.	Developing.	Improving.	Average, but on-site direct supervision heeded.	Acceptate but supervisit from a distance needed	competent on (supervision unnecessary e if not for the	attendli	of at level of expert	Unab to evalue

	Level 1		Level 2		Level 3			Level 4			Level 5	N/A
136. Reflect (in action) when surprised,			п									
applies new insights to future clinical scenarios, and reflects (on action) back on the process*	Incompetent.	Limited ability.	, -	Improving.	Average, but on-sile direct supervision needed.	Accepte but supervi from distan	ision a ace	Fully competent (supervision unnecessary if not for the ACGME).	Function at leval season attendir	of ed	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3			Level 4			Level 5	N/A
137. Actively participate in teaching conferences*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-sile direct supervision needed.	Accepta but supervi from distan	sble, sion a	Fully competent (supervision unnecessary if not for the ACGME).	Function at level season attendir	ing of ed	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3			Level 4			Level 5	N/A
138. Integrate teaching, feedback and evaluation with supervision of interns' and students' patient care*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-sile direct supervision needed.	Accepta but supervis from distan	slon a	Fully competent (supervision unnecessary if not for the ACGME).	Function et level seasoni attendin	of ed	Functioning at level of expert atlending.	Unable to evaluate
	Level 1		Level 2		Level 3			Level 4			Lavel 5	N/A
39. Take a leadership role in the ducation of all members of the health are team*	Incompelent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Accepta but supervis from distan- neede	alon	Fully competent (supervision unnecessary if not for the ACGME).	Function at level seasons attending	of ed	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Level 3			Level 4			Level 5	N/A
40. Understand unique roles and ervices provided by local health care elivery systems*	Incompatent.	Limited ability.	Developing.	improving.	Average, but on-site direct supervision needed.	Accepta but supervis from distance	sion a ce	Fully competent (supervision unnecessary if not for the ACGME),	Functions at level seasons attendin	of ed	Functioning at level of expert attending.	Unable lo evaluate
	r-			1111		-						
	Level 1		Level 2		Level 3			Level 4			Level 5	N/A
41. Manage and coordinate care and are transitions across multiple delivery ystems, including ambulatory, subscute, cute, rehabilitation and skilled nursing*	Incompetent,	Limited ablity.	Developing.	Improving.	Average, but on-site direct supervision needed.	Accepta but supervise from a distant	sion a ce	Fully competent (supervision unnecessary if not for the ACGME).	Functioni at level seasone attendin	of ed	Functioning at level of expert attending.	Unable to evaluate

	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
42. Negotiale patient-centered care mong multiple care providers*	Incompetent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at lovel of seasoned attending.	Functioning at level of expert allending.	Unable to evaluate,
							l weld		Level 5	N/A
3. Appreciate roles of a variety of alth care providers, including but not lifed to consultants, therapists, nursed, no care workers, pharmacists, and clal workers*	Level 1	Limited ability.	Level 2	☐ Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate,
4. Work effectively as a member within inter-professional team to ensure e patient care*	Level 1	Limited ability.	Level 2  Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed,	Fully compelent (supervision unnecessary if not for the ACGME).	Functionin at level of seasoned attending.		Unable to evaluate.
	Level 1	Ĭ	Level 2		Level 3		Level 4		Level 5	N/A
5. Consider alternative solutions vided by other teammales*	Level 1	Limited ability.	Level 2  Developing.	Improving.	Level 3  Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully compelent (supervision unnecessary if not for the ACGME).	Functionin at level o seasoner attending	g Functioning at level of expert	Unable lo
		Limited			Average, but on-site direct supervision	Acceptable, but supervision from a distance	Fully competent (supervision unnecessary if not for the	Functionin at level o seasoned	g Functioning at level of expert	Unable lo
		Limited			Average, but on-site direct supervision	Acceptable, but supervision from a distance	Fully competent (supervision unnecessary if not for the	Functionin at level o seasoned	g Functioning at level of expert	Unable lo
	Incompetent.	Limited	Developing.		Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance	Fully competent (supervision unnecessary if not for the ACGME).	Functionin at level o seasoned	g Functioning at level of expert attending.  Level 5  G Functioning at level of expert at level of expert at level of expert	Unable to evaluate
ovided by other teammales*  5. Demonstrate how to manage the ordinating the activities and ordinating the activities of inter-	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.  Level 3  Average, but on-site direct supervision	Acceptable, but supervision from a distance needed.  Acceptable, but supervision from a distance	Fully competent (supervision unnecessary if not for the ACGME).  Level 4  Fully competent (supervision unnecessary if not for the	Functionin at level o seasoner attending  Functionin at level o seasoner	g Functioning at level of expert attending.  Level 5  G Functioning at level of expert at level of expert at level of expert	Unable to evaluate

	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
148. Identify, reflect on, and learn from critical incidents such as near misses and preventable medical errors*	Incompetent.	LImited ability,	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed.	competent	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable lo evaluate
	1 1 1	T								
149. Dialogue with care feam members to identify risk for and prevention of medical error*	Incompetent	Limited ability.	Level 2  Developing.	□ Improving.	Average, but on-site direct supervision needed	Acceptable but supervision from a distance needed,	competent	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
	Lord 4		Laurel O	T						I
150. Understand the mechanisms for analysis and correction of systems errors*	Level 1	Limited ability,	Level 2  Developing	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervisior from a distance needed.	competent	Functioning et level of seasoned attending.	Functioning at level of expert attending.	Uneble to evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
51. Demonstrate ability to understand nd engage in a system level quality aprovement initiative*	Incompetent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed.	compelent	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
52. Partner with other healthcare team rofessionals to Identify, propose nprovement opportunities within the ystem <sup>4</sup>	Level 1	Limited ability.	Lavel 2	Improving.	Level 3  Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed.	competent	Functioning at level of seasoned attending.	Functioning at level of expert atlending.	Unable to evaluate
	Level 1		Level 2	ſ	Løyel 3		Level 4		Level 5	N/A
53, Reflect awareness of common octo-economic barriers that impact stient care*	Incompetent.	Limited ability.	Developing.	Improving	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed,	Fully competent	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate

	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
154. Undersland how cost-benefit analysis is applied to patient care (i.e. via principles of screening tests and the development of clinical guidelines*	Incompetent	Limited ability.	Developing.	lmproving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed,	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate.
	Leval 1		Level 2		Layel 3		Level 4		Level 5	N/A
155, Identify the role of various health care stakeholders including providers, suppliers, financiers, purchasers and consumers and their varied impact on the cost of and access to health care*	Incompelent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed,	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate.
	Level 1	T	Lavel 2		Level 3		Level 4		Level 5	N/A
156. Understand coding and reimbursement principles*	Incompetent.	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary If not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Uneble to evaluate
	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
157. Idenlify costs for common diagnostic or therapeutic lests*	☐ Incompelent	Limited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fully competent (supervision unnecessary if not for the ACGME).	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
158. Minimize unnecessary care including tests, procedures, therapies and ambulatory or hospital encounters*	Level 1	Limited ability.	Level 2  Developing.	Improving.	Average, but on-site direct supervision needed,	Acceptable, but supervision from a distance needed.	competent	Functioning at level of seasoned attending.	Functioning at level of expert attending.	Unable to evaluate
	Level 1		Level 2		Lavel 3		Level 4		Level 5	N/A
159. Demonstrate the incorporation of cost-awareness principles into standard clinical judgments and decision-making*	Incompetent.	Limited ability,	Developing.	Improving	Average, but on-site direct supervision needed.	Acceptable but supervision from a distance needed,	Fully competent	Functioning at level of seasoned allending.	Functioning at level of expert attending.	Unabli lo evaluat

	Level 1		Level 2		Level 3		Level 4		Level 5	N/A
60. Demonstrate the incorporation of tost-awareness principles into complex silinical scenarios*	Incompetent.	LImited ability.	Developing.	Improving.	Average, but on-site direct supervision needed.	Acceptable, but supervision from a distance needed.	Fulfy competent (supervision unnecessary if not for the ACGME).	Functioni at level o seasone attending	of at level of expert	Unabl to evalua
HCC - RESIDENT SELF EVALUATION (				for /IIIICC					1 2 2 2 2 4	
HCC - PATIENT CARE	041 074017011400	or ornivolaty i	lodial Gallo Goll	ioi (orico)						
	Strongly				Strongly					
	Disagree	Disagree 2	Neutral 3	Agree	Agree	N/A				
61. I arrive at UHCC on lime and repared (with tools such as my nonofilament and reflex harnmer),*		0			5	0				
	Strongly				Strongly					
	Disagree 1	Disagree 2	Neutral 3	Agree 4	Agree 5	N/A 0				
52, I carry out my responsibilities for atlent care fully (for example, even then I am away from UHCC, I check my -Basket 2x/weekly)."				0		D				
HCC - INTERPERSONAL AND COMMU	ICATION SKILL	S:								
	Strongly Disagree	Disagree	Neulral	Agree	Strongly Agree	N/A				
	1	2	3	4	5	0				
63. I am able to communicate well with: Patients*		0								
							1			
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A				
	1	2	3	4	5	0				
4. I am able to communicate well with: Clerical Staff*		п	D							
	Strongly Disagree	Disagree	Neutral	Agree	Strongly	N/A				
	1	2	3	4	5	0				
65. I am able to communicate well with:										

c. Nurses*						
	Strongly Disagree	Disagres	Neutral	Agree	Strongly Agree	N/A
	1	2	3	4	5	0
66. I am able to communicate well with: I. Faculty preceptors*		П	D			
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
	4	2	3	4	5	0
167. In general I am able to see my assigned patients and fulfill a special etallonship with them as their primary are provider (continuity care of cronic problems, health maintenance racking).*		0				
	Strongly	F 7			Strongly	
	Disagreo	Disagree	Neutral	Agree	Agrae	N/A
	1	2	3	4	5	0
68, I keep my EMR records up to date and organized, specifically: L Problem List (excluding Health faintenance tracker)*						
				1		
	Strongly	Disagree	Neutral	Agree	Strongly Agree	N/A
	i	2	3	4	5	0
169, i keep my EMR records up to date and organized, specifically: b. Medicine List*	п					0
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
	1	2	3	4	5	0
170. I keep my EMR records up to date and organized, specifically: c. Health Maintenance tracker*		р	п	п	0	
UHCC - PROFESSIONALISM:						
	Strongly Disagree	Disagree	Neutra)	Agree	Strongly Agree	N/A
	1	2	3	4	5	0
171. I actually perform the elements of						

HCC - PRACTICE-BASED LEARNING:							
	Strongly Disagree	Disegree	Neutral	Agree	Strongly Agree	N/A	· ·
	1	2	3	4	5	0	
72. I know my pailents well and feel I ave reveiwed their charts (incliding tharmaxx), in depth and have a complete and accurate problem list.*	п	0		0		О	
HCC - SYSTEM BASED PRACTICE:							
	Strongly Disagree	Disagree	Neulral	Agree	Strongly Agree	N/A	11111
	1	2	3	4	5	0	
73. I am quite familiar with resources to ssist in the standerds of patient care :PIC tips, intern reference notebooks, :lements booklet, 20/20 sessions, Iministative forms notebook).*			0	0	0		
ssist in the standards of patient care EPIC tips, intern reference notebooks, Elements booklet, 20/20 sessions,				0	0	0	
ssist in the standerds of patient care EPIC tips, intern reference notebooks, Elements booklet, 20/20 sessions, (ministative forms notebook),*	Strangly				Strongly		
ssist in the standerds of patient care EPIC tips, intern reference notebooks, Elements booklet, 20/20 sessions, (ministative forms notebook),*	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A	7MF   1
sist in the standerds of patient care EPIC tips, intern reference notebooks, itements booklet, 20/20 sessions, iministative forms notebook).4	Strongly Disagree	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	N/A 0	
ssist in the standerds of patient care EPIC tips, intern reference notebooks, Elements booklet, 20/20 sessions, (ministative forms notebook),*	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A	
esist in the standerds of patient care EPIC tips, intern reference notebooks, lements booklet, 20/20 sessions, dministative forms notebook).*  HCC - GENERAL  4. I feel confident in my primary care lis (including special histories for pression, controlled substances, ecial physical exams including femali	Strongly Disagree	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	N/A 0	
esist in the standerds of patient care EPIC tips, intern reference notebooks, lements booklet, 20/20 sessions, dministative forms notebook).*  HCC - GENERAL  4. I feel confident in my primary care lis (including special histories for pression, controlled substances, ecial physical exams including femali	Strongly Disagree	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	N/A 0	
sist in the standerds of patient care EPIC tips, intern reference notebooks, itements booklet, 20/20 sessions, iministative forms notebook).*  HCC - GENERAL  4. I feel confident in my primary care lis (including special histories for pression, controlled substances, ecial physical exams including femali J, neuro, back, ENT/Resp).*	Strongly Disagree  1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	N/A 0	