NOTES TO EVALUATORS:

- The trainee Milestones developed by the American Board of Pediatrics (ABP) reflect the assessment of the performance of residents and fellows across a continuum from the start of their training in the field and progression toward the level of performance expected of experienced attending physicians. This is different from the expectations of our current evaluations, which assess a fellow’s performance as it would compare to a broader group of fellows, not measured against attending-level mastery.

- Therefore, unlike the Likert scale we have been using to date, fellows evaluated on the Milestones level scale below are not expected to perform at the highest level on the scale unless their performance is equivalent to that of an experienced attending physician. For those Milestones that have 5 levels, 1st year fellows would typically score at a level 1-2 early on in the academic year, 2nd/3rd year fellows would typically score at a level 2-3, and 3rd year fellows nearing the end of their training would typically score at a level 4. Rarely, an exceptional fellow might score a 5 at the end of their training. Similarly, the scores are down-shifted a bit more for the Milestones with only 4 levels. While general pediatrics residents at the end of their training may be at a level 4 or 5 in their Milestones progression as it applies to general pediatrics concepts/patients, they may start at a much lower level when they enter the new context of managing pediatric infectious diseases consults.

- Fellows may perform differently for the same milestones when they are in different care settings (e.g. inpatient setting vs. outpatient setting; general ID service vs. immunocompromised ID service). This is expected. Practicing in a various contexts can help to highlight different skill strengths or areas where there may be a need to pay closer attention.

- One way to help everyone as we move into scoring by Milestone level rather than a Likert scale is for each of us as attending faculty to read the description of each level and self-assess where we
think we might fall if someone were evaluating us. Do you think you would always land at a level 5? Were you at the same level as a fellow as you are now?

- As you become familiar with the Milestones level scoring and the descriptions for each Milestone, you will find that the evaluations will become faster and easier to complete.

NA = Not evaluable, performance of the fellow was not able to be assessed for a given milestone during the evaluation period; does not mean not applicable.

12/2014

### PATIENT CARE

1) Organize and prioritize responsibilities to provide safe, effective, and efficient patient care (PC2)

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Struggles to organize patient care responsibilities, can only care for 1 patient at a time</td>
<td>Cares for a few patients with efficiency; each added patient or interruption leads to decrease efficiency</td>
<td>Efficient. Only when patient volume is quite large is there a perception of competing priorities</td>
<td>Provides care to a large volume of patients with marked efficiency</td>
<td>Serves as a role model of efficiency. Safe and effective multi-tasking</td>
</tr>
</tbody>
</table>

2) Provides transfers of care that ensures seamless transitions (PC3/ACGME PC1)

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Haphazard transfer of OPAT patients to outpatient setting. Disorganized signouts. Frequent errors. Correct providers not notified.</td>
<td>Unable to deviate from standard template. May have errors. Limited ability to handle complex patient transfers.</td>
<td>Adapts standardized template for transition to specifics of the patient. Begins to anticipate potential issues for the transferee.</td>
<td>Adapts and applies a standard template to complex situations. Ensures open communication and clearly outlines patient plans</td>
<td>No errors regardless of complexity. Internalizes professional responsibility of effective handoff communication</td>
</tr>
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</table>

3)
### Makes informed diagnostic and therapeutic decisions that result in optimal clinical judgment (PC6/ACGME PC2)

<table>
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<tr>
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<tbody>
<tr>
<td>Presents facts without filtering. Plans hard to formulate because differential is a list of diseases, not a working differential.</td>
<td>Can bring together facts, but a unifying diagnosis remains elusive so myriad tests are considered without a clear management plan for a unifying problem.</td>
<td>Starts to use pattern recognition to bring together facts and develop a focused differential and management plan.</td>
<td>Stored clinical scripts used to guide directed diagnostic hypothesis testing. Well-established pattern recognition. Effective/efficient plan tailored to patient.</td>
</tr>
</tbody>
</table>

#### Level 1
- Management plans based on directives from others. Unable to adjust plans based on individual patient preferences. Communication about the plan is unidirectional from the practitioner to the patient.

#### Level 2
- Management plans based on theoretical knowledge and/or directives from others. Limited adaptation of plans to individual patient. Unable to focus on key information.

#### Level 3
- Management plans based on knowledge and some experience. Able to more effectively focus on key information. Plans begin to incorporate patients' values through bidirectional communication.

#### Level 4
- Management plans based on experience. Efficiently focuses on key information to arrive at a plan. Incorporates patients' values through bidirectional communication with little interference from personal biases.

#### Level 5
- Solid management plans even for complicated/rare situations. Rapidly focuses on key information to arrive at plan. Focus on patient values; bidirectional conversation about plan.

### Develop and carry out management plans (PC7/ACGME PC3)

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<tr>
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<tbody>
<tr>
<td>Performs duties without awareness that he/she may impact others. No reflection on actions.</td>
<td>Inconsistent awareness of impact of one’s actions on others. Sometimes teaches by example and reflects on events.</td>
<td>Conscious of being a role model; reflects openly with learners. Behavior changes imply private reflections on action.</td>
<td>Conscious of being a role model. Teaches by example. Reflect openly on all actions.</td>
</tr>
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#### Level 5
- Role modeling is a habit. Examines, analyzes, and explains actions/behaviors in presence of learners and colleagues.

### Provides appropriate role modeling (PC12/ACGME PC4)

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<td>Conscious of being a role model; reflects openly with learners. Behavior changes imply private reflections on action.</td>
<td>Conscious of being a role model. Teaches by example. Reflect openly on all actions.</td>
<td>Role modeling is a habit. Examines, analyzes, and explains actions/behaviors in presence of learners and colleagues.</td>
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### MEDICAL KNOWLEDGE

#### Critically evaluates and applies current medical information and scientific evidence for patient care (MK2—same as PBLI6/ACGME MK1); (EBM=Evidence Based Medicine)

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<tbody>
<tr>
<td>N/A</td>
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</table>
Understands EBM in principle, but EBM has limited relevance given lack of clinical exposure.

Understands importance of using evidence to guide care; with prompting will search literature, but not efficiently.

Sees knowledge gaps are learning opportunities. Critically appraises a topic. Seeks and applies evidence unprompted.

Often incorporates evidence into practice and teaches others.

Role model for EBM practice. Teaches EBM to others. Easy, effective literature searches are a routine part of patient care.

---

**PRACTICE-BASED LEARNING AND IMPROVEMENT**

7) **Identify strengths, deficiencies, and limits in one’s knowledge and expertise (PBLI1/ACGME PBLI1).**

(KSA=Knowledge, Skills, Attitudes)

**Level 1**

Interest in assessment of KSA is limited to the overall grade.

**Level 2**

Focus is on completing a task, not on improving the quality, process or rationale for completing the task.

**Level 3**

Shows interest in the nuances for why something is done a certain way in a given situation.

**Level 4**

Self-identifies gaps in KSA during routine care and seeks resources.

**Level 5**

Self-directed goal of improvement; anticipates gaps in KSA and explores those.

---

8) **Systematically analyzes practice using quality improvement methods and implements changes with the goal of practice improvement (PBLI4/ACGME PBLI2)**

**Level 1**

Defensive when faced with performance data. Lack of reflection on practice.

**Level 2**

Dependent upon external prompts to improve practice. Does gain insight when reflects.

**Level 3**

Grasps improvement methodologies enough to apply to populations. Still relies on external prompts to inform/prioritize improvement practice.

**Level 4**

Analyses one’s own data continuously without reliance on external bodies. Leads a team in improvement.

**Level 5**

Thinks and acts systemically to benefit other practices, systems, populations. Is open to course correction to optimize improvement.

---

9) **Incorporates formative evaluation feedback into daily practice (PBLI5)**

**Level 1**

Defensive with feedback and avoidant, doesn’t incorporate feedback into daily practice.

**Level 2**

Little to no change in response to feedback. Doesn’t seek out feedback. Acknowledges other viewpoints.

**Level 3**

Improves specific deficiencies noted by others in feedback.

**Level 4**

Improves practice based on external and internal sources of feedback; able to point out what went well and what could have done better.

**Level 5**

Continuous reflection upon ones’ own performance
10) Use information technology (IT) to optimize learning and care delivery (PBLI 7—same as PC11/ACGME PBLI3)

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<tbody>
<tr>
<td>Reluctant to utilize IT without mandatory assignments or direct help.</td>
<td>Willing to use IT and can access information without help.</td>
<td>Efficiently utilizes IT to solve problems and make decisions relevant to patient care and ongoing learning.</td>
<td>IT use is a habit to answer questions to guide patient care. EBM tools support clinical practice.</td>
<td>Involved in development &amp; implementation of new IT for patient care improvement and professional learning</td>
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11) Develop the necessary skills to be an effective teacher (PBLI8)

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12) Participate in the education of patients, families, students, residents, and other health professionals (PBLI9/ACGME PBLI4)

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<tbody>
<tr>
<td>Rigid, scripted counseling that is doctor-centered.</td>
<td>Education of patients is more flexible, varying between doctor- and patient-centered.</td>
<td>Knowledge and experience is solid enough that teaching can be modified for the given patient. Checks in on patient understanding sometimes.</td>
<td>Counseling is patient-centered. Provider empowers and motivates patient. Consistent checking on patient understanding</td>
<td>Skillful, seamless educational interactions that motivate and empower patients are a habit. Patients don't leave without full understanding.</td>
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INTERPERSONAL AND COMMUNICATION SKILLS

13) Communicates effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds (IC1)

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</thead>
<tbody>
<tr>
<td>Standard interview template. Uncomfortable asking personal questions.</td>
<td>Identifies barriers to communication, but has trouble managing them. Able to establish rapport.</td>
<td>Mitigates barriers. Promotes trust. Developing scripts for most difficult conversations.</td>
<td>Able to create a therapeutic alliance regardless of barriers. Given wealth of experience, handles</td>
<td>N/A</td>
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</table>
14) **Demonstrates the insight and understanding of emotion and human response to emotion, allowing one to appropriately manage human interactions (IC2)**

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<tbody>
<tr>
<td>Doesn’t accurately read others’ emotions. Unaware of ones’ own emotions.</td>
<td>Starts to identify others’ emotions, but strong emotions in others and in ones’ self are overwhelming.</td>
<td>Anticipates, reads, and reacts to emotions with appropriate and professional behavior in nearly all scenarios</td>
<td>Learns from new emotional scenarios and adds to broad repertoire. Seen as a humanistic provider.</td>
<td>Intuitively perceives, understands, uses, manages emotions in all situations. Role model for humanism in medicine.</td>
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</table>

15) **Communicate effectively with physicians, other health professionals, and health-related agencies (IC3/ACGME ICS1)**

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</thead>
<tbody>
<tr>
<td>Often communicates using a template without altering for context, audience, or situation.</td>
<td>Adjusts communication for context but errs on side of including excess detail</td>
<td>Tailors communication strategy for audience, context, purpose. Can improvise in unfamiliar settings.</td>
<td>Can distill complex cases into succinct summaries. Has a strategy for difficult conversations.</td>
<td>Role model for public speaking and for improvisation in new or difficult communication scenarios.</td>
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16) **Work effectively as a member or leader of a health care team or other professional group (IC4/ACGME ICS2)**

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</thead>
<tbody>
<tr>
<td>Self-centered. Little interaction with team members. Does not acknowledge contributions of others.</td>
<td>Actively works with team but may put personal goals above pursuit of team goals.</td>
<td>Integral team member. Can adapt role to meet needs of team. Communication is bi-directional.</td>
<td>Takes on leadership roles. Closed loop communication always. Seeks and provides feedback.</td>
<td>Leader or follower as needed for the improved functioning of the team. Goals of team supersede personal goals.</td>
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17) **Act in a consultative role to other physicians and health professionals (IC5/ACGME ICS3)**

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</tr>
</thead>
<tbody>
<tr>
<td>Lack of discipline-specific</td>
<td>Identifies self as member of team. More focused documentation</td>
<td>Identifies self as integral team member. Advanced knowledge.</td>
<td>Identifies self as an expert. Life-long learning</td>
<td>Seen as master clinician by others who can</td>
</tr>
</tbody>
</table>
### Knowledge and Specific Recommendations

- Independently assesses and confirms data. Recommendations consistent with EBM.
- Takes more ownership of patient outcomes.
- Impart practical wisdom to consultation. Contributes to the field.

#### Performance Levels

<table>
<thead>
<tr>
<th>Level 1</th>
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<tbody>
<tr>
<td>Documentation with errors; incomplete; not timely.</td>
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</table>

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<tr>
<th>Level 2</th>
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</thead>
<tbody>
<tr>
<td>Comprehensive documentation captures patient’s story. Timely. Specific. May not reflect billing components.</td>
</tr>
</tbody>
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<tr>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>High quality documentation; supports accurate billing/coding; meets legal standards. Provider participates in chart audits for self-improvement.</td>
</tr>
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</table>

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<thead>
<tr>
<th>Level 4</th>
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</thead>
<tbody>
<tr>
<td>Individual uses expertise to improve documentation systems to improve patient care outcomes.</td>
</tr>
</tbody>
</table>

#### Level 1

- Interested in learning the field but not fully engaged; observational/passive role

#### Level 2

- Appreciates role of providing care, but difficulty seeing self as a professional, leads to not taking primary responsibility (introduces self by first name rather than Dr. ____); defers to attending

#### Level 3

- Demonstrates understanding/appreciation of professional role; has sense of duty; rare lapses into behaviors that do not reflect a professional view

#### Level 4

- Internalized and accepted full responsibility of professional role in caring for broad range of patients and working with team members

#### Level 5

- Extends professional role beyond care of patients and sees self as a professional contributing to something larger (community, specialty, profession)

#### Performance Levels

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Repeated lapses in conduct so responsibilities are not met. Lack of insight.</td>
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</table>

<table>
<thead>
<tr>
<th>Level 2</th>
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<tbody>
<tr>
<td>Sense of duty &amp; accountability. Has insight into what triggers own lapses in professionalism and can modify behaviors.</td>
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</table>

<table>
<thead>
<tr>
<th>Level 3</th>
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<tbody>
<tr>
<td>In depth knowledge of professionalism; can help other deal with their issues.</td>
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</table>

<table>
<thead>
<tr>
<th>Level 4</th>
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</thead>
<tbody>
<tr>
<td>Model of professional conduct. High ethical standard. Helps to prevent lapses in others.</td>
</tr>
</tbody>
</table>

#### Level 5

- N/A

---

**18) Maintains comprehensive, timely, and legible medical records (IC6)**

- **Level 1**
  - Documentation with errors; incomplete; not timely.

- **Level 2**
  - Comprehensive documentation captures patient’s story. Timely. Specific. May not reflect billing components.

- **Level 3**
  - High quality documentation; supports accurate billing/coding; meets legal standards. Provider participates in chart audits for self-improvement.

- **Level 4**
  - Individual uses expertise to improve documentation systems to improve patient care outcomes.

---

**19) Professionalization: Demonstration of a sense of duty and accountability to patients, society, and the profession (P1)**

- **Level 1**
  - Interested in learning the field but not fully engaged; observational/passive role

- **Level 2**
  - Appreciates role of providing care, but difficulty seeing self as a professional, leads to not taking primary responsibility (introduces self by first name rather than Dr. ____); defers to attending

- **Level 3**
  - Demonstrates understanding/appreciation of professional role; has sense of duty; rare lapses into behaviors that do not reflect a professional view

- **Level 4**
  - Internalized and accepted full responsibility of professional role in caring for broad range of patients and working with team members

- **Level 5**
  - Extends professional role beyond care of patients and sees self as a professional contributing to something larger (community, specialty, profession)

---

**20) Professional conduct: High standards of ethical behavior which includes maintaining appropriate professional boundaries (P2/ACGME PROF1)**

- **Level 1**
  - Repeated lapses in conduct so responsibilities are not met. Lack of insight.

- **Level 2**
  - Sense of duty & accountability. Has insight into what triggers own lapses in professionalism and can modify behaviors.

- **Level 3**
  - In depth knowledge of professionalism; can help other deal with their issues.

- **Level 4**
  - Model of professional conduct. High ethical standard. Helps to prevent lapses in others.

- **Level 5**
  - N/A
21) Cultural Competence: Behaviors that allow effective functioning within the context of cultural beliefs, practices and needs presented by the patients and their communities (P4)

- **Level 1**: Generalizes about patients based on race, ethnicity, religion, etc. Not accepting of others.
- **Level 2**: Acknowledges other views, but at times seems insensitive to them.
- **Level 3**: Includes concepts of acceptable difference into care and families recognize this sensitivity.
- **Level 4**: Celebrates patient diversity and seeks to bring awareness to others.

SYSTEM-BASED PRACTICE

22) Work effectively in various health care delivery settings and systems relevant to their clinical specialty (SBP1/ACGME SBP1)

- **Level 1**: Focuses on pieces rather than the whole process of care. Cannot effect change because cannot identify root cause in systems.
- **Level 2**: Understands concept of the whole system, but develops work-arounds when faced with a challenge.
- **Level 3**: Recognizes the need to change systems rather than developing work-arounds and can do so when a problem arises.
- **Level 4**: Can adapt learning from one system setting to another and can stimulate improvements.
- **Level 5**: Leads systems changes as part of routine care delivery and professional identity.

23) Coordinate patient care within the health care system relevant to clinical specialty (SBP 2/ACGME SBP2)

- **Level 1**: Makes plan and informs patients; no written plan; makes referral without communication to team; little interest in social/cultural issues effecting family.
- **Level 2**: Begins to involve patient/family in creating plan and considers their needs; variable communication with team and consultants; inconsistent involvement in transition of care.
- **Level 3**: Frequently involves patient/family in making plan; care plan omits few key issues and is often written; good communication with team and consultants; routinely involved in transitions.
- **Level 4**: Actively assists patients/families in complex plan making; care plan omits key issues and is often written; good communication with team and consultants; routinely involved in transitions.
- **Level 5**: Leads systems changes as part of routine care delivery and professional identity.

24) Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care (SBP3/ACGME SBP3)

- **Level 1**: Unaware of cost issues or views cost containment as an annoying externally mandated issue.
- **Level 2**: Considers costs, but inadequate skills in critical appraisal result in inappropriate cost-containment.
- **Level 3**: Critically appraises information to optimize cost issues and to discuss risk.
- **Level 4**: Starts to consider issues of cost from both patient and broader population/system perspectives.
- **Level 5**: Integrates cost analysis into practice to minimize risk and optimize benefit to patient.
25) Advocates for quality patient care and optimal care systems (SBP4)

Level 1: Takes actions for a given patient's healthcare needs.
Level 2: Acknowledges that a given patient's issues are shared by others; systems are at play that contribute to problems.
Level 3: Acts within a medical role to address the needs of a group of patients.
Level 4: Actively participates in hospital-wide QI endeavors and expresses desire to impact care beyond the hospital walls.
Level 5: Leads improvement projects locally and at a wider level (ex: legislative efforts).

26) Work in inter-professional teams to enhance patient safety and improve patient care quality (SBP5/ACGME SBP4)

Level 1: Dismisses input from other professionals.
Level 2: Understands unique knowledge base of other professionals and does not dismiss them, but is unlikely to seek their input.
Level 3: Seeks input from other professionals appropriately. Excellent team player.
Level 4: Recognizes that quality patient care only occurs in context of inter-professional teams. Serves as a role model for such work. Team leader.

27) Participate in identifying system errors and implementing potential solutions (SBP6/ACGME SBP5)

Level 1: Defensive about errors. No personal responsibility.
Level 2: Sometimes open to discussion of error without being defensive.
Level 3: Sees discussion about error as an important part of the preventive process.
Level 4: Usually encourages open and safe discussion of error. Easily accepts personal responsibility.
Level 5: Always encourages open and safe discussion about error. Works on system solution methodology.

28) Knows how to advocate for the promotion of health and prevention of disease and injury at a population level (SBP7)

Level 1: Does not see that public health considerations are a part of his/her medical role. Doesn't communicate with community agencies.
Level 2: Occasionally acknowledges the public health impact on a patient. Uncertain of public health reporting responsibilities.
Level 3: Sees that population health issues impact patients and works collaboratively with community agencies on behalf of patients.
Level 4: Engages in advocacy to improve public health issues that impact patients.

PERSONAL AND PROFESSIONAL DEVELOPMENT

**29) Practices flexibility and maturity in adjusting to change with the capacity to alter behavior (PPD4)**

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<tbody>
<tr>
<td>Rigid, vulnerable to stress, immature coping, not self-aware.</td>
<td>Uncomfortable with loss of control, but more self-aware and tries to self-regulate. Greater challenges result in regression of coping capabilities.</td>
<td>Flexible, mature coping, self-aware, positive even in stressful times.</td>
<td>Embraces change, “reads” others and proactively helps them with stress and coping.</td>
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**30) Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients (PPD5/ACGME PROF2)**

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<tbody>
<tr>
<td>Major knowledge gaps/unaware of gaps. Lapses in data-gathering/follow-through of tasks. Misrepresents/omits important data, Uncertain of trainee’s truthfulness or awareness of importance of attention to detail and accuracy.</td>
<td>Solid foundation in knowledge and skill but is not always aware of or seeks help when confronted with limitations. Demonstrated lapses in follow-up or follow-through with tasks, despite awareness of the importance of tasks.</td>
<td>Solid foundation in knowledge/skill with realistic insight into limits with responsive help seeking. Data-gathering is complete considers anticipated patient care needs, consideration of high risk conditions. Little prompting required for follow-up.</td>
<td>Broad scope of knowledge/skill. Assumes full responsibility of patient care, anticipates problems, demonstrates vigilance in management. Transparent expression of uncertainty/limits of knowledge.</td>
<td>As in Level 4, but any uncertainty brings about rigorous search for answers and conscientious and ongoing review of information to address the evolution of change. May seek the help of a master in addition to primary source literature.</td>
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**31) Provides leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system with the ultimate intent of improving care of patients (PPD6/ACGME PROF3)**

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**32) Demonstrates self-confidence that puts patients, families, and members of health care team at ease (PPD7)**

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<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware of how to solve problem/answer</td>
<td>Speaks confidently, but</td>
<td>Starts to navigate complexity of</td>
<td>Greater comfort with uncertainty.</td>
<td>Master of explaining uncertainty with</td>
<td></td>
</tr>
</tbody>
</table>

33) Recognizes that ambiguity is part of clinical medicine and responds by utilizing appropriate resources in dealing with uncertainty (PPD8/ACGME PROF4)

**Level 1**
Overwhelmed by ambiguity. Patient communications are authoritarian. Disregards patient need for hope.

**Level 2**

**Level 3**
Anticipates uncertainty and seeks resolution framed by physician goals and risk, not patient's.

**Level 4**
Uses patient health care goals and cost versus benefit to guide evaluation.

**Level 5**
Consistent revisiting of what is known, and not known, what the patient’s needs are. Transparent communication.

34) Please provide specific comments regarding strengths or areas for improvement below:

Remaining Characters: 5,000