

PATIENT CARE

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- **communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families**
- **gather essential and accurate information about their patients**
- **make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgment**
- **develop and carry out patient management plans**
- **counsel and educate patients and their families**
- **use information technology to support patient care decisions and patient education**
- **perform competently all medical and invasive procedures considered essential for the area of practice**
- **provide health care services aimed at preventing health problems or maintaining health**
- **work with health care professionals, including those from other disciplines, to provide patient-focused care**

Overview

Patient care is at the heart of what we do. It may be difficult for you to isolate this from the other competencies. Do your best to select an example that demonstrates your ability to care for patients and their families within one of the areas listed above.

Sample documentation ideas include: a letter from a patient or family member commenting on your care, documentation of your use of appropriate educational material with a patient (taking into account other factors such as ethnicity, reading-level, etc.), a letter from an attending commenting on your proficiency performing specific procedures, or evidence of going out of your way to gather information about patients. See the sample portfolio for other ideas.

Remember that the documentation is required, but it is your reflection that explains why and how you think your selection is meaningful to you within this competency. The reflection does not have to describe a tear-shedding, life-altering cosmic metamorphosis – instead, a true reflection about how the situation has prompted further growth is appropriate.

Instructions:

- Come up with documentation of your patient care. Once selected, please copy/scan it. Please remove any patient identifiers from all documents.
- Write the reflection: Write a short (no more than one page) reflection. Dedicate a paragraph to each of the following:
 - What? (describe what happened and what documentation you have)
 - So what? (tell why it is important)
 - Now what? (tell what you're going to do now)

Scoring Rubric for Patient Care Exhibit:

1. Documentation or reflection missing, little evidence of resident ability to provide adequate care of patients
2. Documentation and reflection present, evidence of appropriate approach to care, but weaknesses present that could lead to potential problems
3. Documentation and reflection present, evidence of competence in providing patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
4. Documentation and reflection present, sophisticated approach to complex patient care issues.

MEDICAL KNOWLEDGE

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

- **demonstrate an investigatory and analytic thinking approach to clinical situations**
- **know and apply the basic and clinically supportive sciences which are appropriate to their discipline**

Overview

In many cases, we learn the most from the recognition of our shortcomings. As you are developing competence in medical knowledge through PGY-1 and 2, consider creating an exhibit for this area of the portfolio that shows where the gaps in your medical knowledge lie and your plan for improvement in this area. By the end of your residency you must demonstrate your competence in medical knowledge and analytic thinking skills. Thus, for your PGY-3 portfolio exhibit in this competency, choose a case that shows your competence in medical knowledge as a physician beginning independent practice.

Sample documentation ideas include: in-training exam results, consultation notes, progress notes, letters from patients about your work, assessment forms from your team, rotation evaluations, direct observation or videotaping feedback forms. Cases may include preventive health care with a child or an adult, acute visit, prenatal care, maternity care including delivery, home visits, or hospitalized patient. See the sample portfolio for other ideas.

Remember that the documentation is required, but it is your reflection that explains why and how you think your selection is meaningful to you within this competency. The reflection does not have to describe a tear-shedding, life-altering cosmic metamorphosis – instead, a true reflection about how the situation has prompted further growth is appropriate.

Instructions:

- Come up with documentation of your medical knowledge. Once selected, please copy/scan it. Please remove any patient identifiers from all documents.
- Write the reflection: Write a short (no more than one page) reflection. Dedicate a paragraph to each of the following:
 - What? (describe what happened and what documentation you have)
 - So what? (tell why it is important)
 - Now what? (tell what you're going to do now)

Scoring rubric for Medical Knowledge Exhibit

1. Documentation or reflection missing; evidence of significant gaps in medical knowledge or analytical thinking, inadequate or no plan for improvement.
2. Documentation and reflection present; evidence of developing medical knowledge; appropriate plan for improvement.
3. Documentation and reflection present; evidence of competence in medical knowledge and analytical thinking skills; appropriate plan for continued learning and improvement.
4. Documentation and reflection present; evidence of a sophisticated understanding of medical knowledge and ability to apply it to complex patient cases; appropriate plan for continued learning.

INTERPERSONAL AND COMMUNICATION SKILLS

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients' families, and professional associates. Residents are expected to:

- **create and sustain a therapeutic and ethically sound relationship with patients.**
- **use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills**
- **work effectively with others as a member or leader of a health care team or other professional group**

Overview

The other competencies would be useless without the ability to communicate with our patients or each other. Select a situation which best demonstrates your communication skills with patients, families, professional associates, or other members of the health care team.

Sample documentation ideas include: office notes, consultant communications, letters from patients about your ability to communicate, assessment forms, direct observation, video tapes, or patient surveys.

Remember that the documentation is required, but it is your reflection that explains why and how you think your selection is meaningful to you within this competency. The reflection does not have to describe a tear-shedding, life-altering cosmic metamorphosis – instead, a true reflection about how the situation has prompted further growth is appropriate.

Instructions:

- Come up with documentation of your interpersonal and communication skills. Once selected, please copy/scan it. Please remove any patient identifiers from all documents.
- Write the reflection: Write a short (no more than one page) reflection. Dedicate a paragraph to each of the following:
 - What? (describe what happened and what documentation you have)
 - So what? (tell why it is important)
 - Now what? (tell what you're going to do now)

Scoring Rubric for Interpersonal and Communication Skills Exhibit:

1. Documentation or reflection missing; evidence of communication lacking clarity or proper English, gives bad advice, lacks minimal addressing of bio/psycho/social components of case, exhibits physician centered care; unconscious of personal reaction's impact on relationship with patients and colleagues; lacks family orientation
2. Documentation and reflection present, evidence of basic understanding of communication but lacks integration of patient centered skills; lacks clarity and specificity that would lessen potential problems; minimal awareness of family issues; some awareness of personal reaction's impact on relationships
3. Documentation and reflection present, evidence of competence in interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients' families, and professional associates
4. Documentation and reflection present, sophisticated approach to communication; able to go beyond conventional communication such as including suggestions/advice/literature/reference to available resources or services, skillful negotiation of collaborating when differences are present, skillful negotiation of family differences to improve relationship with patient; awareness of therapeutic use of self in relationship with others.

PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- **demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development**
- **demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices**
- **demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities**

Overview

Though obviously essential to being a competent physician, professionalism may be hard to document. Select a case or situation demonstrating your ability to carry out your professional responsibilities ethically and with sensitivity to a diverse patient population.

Sample documentation ideas include: consultation notes, progress notes, orders, notes by staff, letters from patients about your work, additional assessment forms from staff, letters from supervisors or colleagues, rotation evaluations, direct observation feedback forms and video tapes. Cases may include a continuity relationship with patient and family, a difficult patient/family relationship, a clinical relationship that has had significant impact on you, a difficult relationship with a colleague or member of the health care team where your reactions or insight played a large part in resolving the issue. See the sample portfolio for other ideas

Remember that the documentation is required, but it is your reflection that explains why and how you think your selection is meaningful to you within this competency. The reflection does not have to describe a tear-shedding, life-altering cosmic metamorphosis – instead, a true reflection about how the situation has prompted further growth is appropriate.

Instructions:

- Come up with documentation of your professionalism. Once selected, please copy/scan it. Please remove any patient identifiers from all documents.
- Write the reflection: Write a short (no more than one page) reflection. Dedicate a paragraph to each of the following:
 - What? (describe what happened and what documentation you have)
 - So what? (tell why it is important)
 - Now what? (tell what you're going to do now)

Scoring rubric for Professionalism Exhibit:

1. Documentation or reflection missing; evidence of unethical or insensitive care to a diverse patient population.
2. Documentation and reflection present; evidence of basic understanding and approach to respectful, compassionate, sensitive care to a diverse patient population.
3. Documentation and reflection present; evidence of competence in providing respectful, ethical, compassionate, sensitive care to a diverse patient population.
4. Documentation and reflection present; evidence of a sophisticated approach to providing respectful, ethical, compassionate, sensitive care to a diverse patient population.

PRACTICE BASED LEARNING AND IMPROVEMENT

Residents must be able to investigate and evaluate their own patient care, appraise and assimilate scientific evidence, and make improvements in patient care based on principals of health care improvement. Residents are expected to:

- **Facilitate the learning of students and other health care professionals.**
- **Use information technology to manage information, access on-line medical information, and support their own education.**
- **Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.**
- **Obtain and use information about their own population of patients and the larger population from which their patients are drawn.**
- **Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.**
- **Analyze practice experience and perform practice-based improvement activities using a systematic methodology.**

Overview

The crux of this competency is that you can look at your own practice and improve, as well as teach others. During the practice management rotation (PGY-2 and -3) you may create a project that would be appropriate. Consider asking for feedback when you teach others.

Sample documentation ideas include: a situation in which you were involved in the education of a student or another health professional, a situation in which information was needed to answer a clinical question, a copy of a published POEM or Clinical Inquiry (with you as the author), or a description of a practice-based improvement activity you completed. See the sample portfolio for other ideas.

Remember that the documentation is required, but it is your reflection that explains why and how you think your selection is meaningful to you within this competency. The reflection does not have to describe a tear-shedding, life-altering cosmic metamorphosis – instead, a true reflection about how the situation has prompted further growth is appropriate.

Instructions:

- Come up with documentation of your practice based learning and improvement. Once selected, please copy/scan it. Please remove any patient identifiers from all documents.
- Write the reflection: Write a short (no more than one page) reflection. Dedicate a paragraph to each of the following:
 - What? (describe what happened and what documentation you have)
 - So what? (tell why it is important)
 - Now what? (tell what you're going to do now)

Scoring Rubric for Practice Based Learning and Improvement Exhibit:

1. Documentation or reflection missing; knowledge of medical informatics, critical appraisal, or improvement methodology lacking
2. Documentation and reflection present; generally adequate performance, but some weaknesses in the documented area
3. Documentation and reflection present; competent approach to answering clinical questions, critically appraising literature, or making improvements in practice using systematic methods is demonstrated
4. Documentation and reflection present; evidence of performance in this area that is sophisticated and complete

SYSTEMS BASED PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- **Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society, and how these elements of the system affect their own practice.**
- **Know how types of medical practices and delivery systems differ from one another, including methods of controlling health care costs and allocating expenses.**
- **Practice cost-effective health care and resource allocation that does not compromise quality of care.**
- **Advocate for quality patient care and assist patients in dealing with system complexities.**
- **Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.**

Overview

This competency gets at your ability to navigate the health care system. Choose situations in which you have demonstrated through your care of an individual patient your ability to address system level aspects of care. You might also choose to describe your involvement in practice or system level activities that contribute to your learning in this area.

Sample documentation ideas include: coordination with other specialties or services, financial aspects of care, or advocacy for the patient in relation to system issues, involvement in committee or other work that addresses system level issues. See the sample portfolio for other ideas.

Remember that the documentation is required, but it is your reflection that explains why and how you think your selection is meaningful to you within this competency. The reflection does not have to describe a tear-shedding, life-altering cosmic metamorphosis – instead, a true reflection about how the situation has prompted further growth is appropriate.

Instructions:

- Come up with documentation of your systems-based practice skills. Once selected, please copy/scan it. Please remove any patient identifiers from all documents.
- Write the reflection: Write a short (no more than one page) reflection. Dedicate a paragraph to each of the following:
 - What? (describe what happened and what documentation you have)
 - So what? (tell why it is important)
 - Now what? (tell what you're going to do now)

Scoring Rubric for Systems Based Practice Exhibit:

1. Documentation or reflection missing, little evidence of resident ability to influence system, utilize resources or provide patient advocacy.
2. Documentation and reflection present, evidence of basic understanding of systems, resources utilization or patient advocacy.
3. Documentation and reflection present, evidence of competence in understanding healthcare systems, resources and patient advocacy.
4. Documentation and reflection present, sophisticated approach to systems issues, use of resources, and ability to advocate for patients in the healthcare system.