

The Family Medicine Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education

and

The American Board of Family Medicine

February 2013

The Family Medicine Milestone Project

The Milestones are designed only for use in evaluation of resident physicians in the context of their participation in ACGME accredited residency or fellowship programs. The Milestones provide a framework for the assessment of the development of the resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.

Family Medicine Milestones

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Milestone Reporting

This document presents milestones designed for programs to use in semi-annual review of resident performance and reporting to ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for resident performance as the resident moves from entry into residency through graduation. In the initial years of implementation, the Review Committee will examine milestone performance data for each program's residents as one element in the Next Accreditation System (NAS) to determine whether residents overall are progressing.

For each reporting period, review and reporting will involve selecting the level of milestones that best describes each resident's current performance level in relation to milestones. Milestones are arranged into levels. Selection of a level implies that the resident substantially demonstrates the milestones in that level as well as those in lower levels. (See Reporting Form diagram below.) A general interpretation of levels for family medicine is below:

Level 1: The resident demonstrates milestones expected of a resident who has had some education in family medicine.

Level 2: The resident is advancing and demonstrating additional milestones.

Level 3: The resident continues to advance and demonstrate additional milestones; the resident consistently demonstrates the majority of milestones targeted for residency.

Level 4: The resident has advanced so that he or she now substantially demonstrates the milestones targeted for residency. This level is designed as the graduation target.

Level 5: The resident has advanced beyond performance targets set for residency and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level.

Additional Notes

“Level 4” is designed as the graduation *target* but does *not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the residency program director. (See the following NAS FAQ for educational milestones on the ACGME’s NAS microsite for further discussion of this issue: “Can a resident graduate if he or she does not reach every milestone?”) Study of milestone performance data will be required before the ACGME and its partners will be able to determine whether Graduating Resident milestones and milestones in lower levels are in the appropriate level within the developmental framework and whether milestone data are of sufficient quality to be used for high stakes decisions.

Some milestone descriptions include statements about performing independently. These activities must follow the ACGME supervision guidelines. For example, a resident who performs a procedure or takes independent call must, at a minimum, be supervised through oversight.

Answers to Frequently Asked Questions about the Next Accreditation System (NAS) and milestones are available on the ACGME’s NAS microsite: <http://www.acgme-nas.org/assets/pdf/NASFAQs.pdf>.

ACGME Report Form

The diagram below presents an example set of milestones for one sub-competency in the same format as the milestone report worksheet. For each reporting period, a resident's performance on the milestones for each sub-competency will be indicated by:

- selecting the level of milestones that best describes the resident's performance in relation to the milestones
- or
- selecting the "Has not Achieved Level 1" option

PC 1. Cares for acutely ill or injured patients in urgent and emergent situations and in all settings.					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Gathers essential information about the patient (history, exam, diagnostic testing)	Consistently recognizes common situations that require urgent or emergent medical care Stabilizes the acutely ill patient Generates appropriate differential diagnoses for any presenting complaint Develops appropriate diagnostic and therapeutic management plans for common outpatient conditions	Consistently recognizes complex situations requiring urgent or emergent medical care Prioritizes appropriately the response to the acutely ill patient Develops appropriate diagnostic and therapeutic management plans for less common outpatient conditions Arranges appropriate follow up	Coordinates care of acutely ill patient with consultants and community services Demonstrates awareness of personal limitations regarding procedures, knowledge and experience in the care of acutely ill patients	Provides and coordinates care for acutely ill patients within local and regional systems of care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher level(s).

FAMILY MEDICINE MILESTONES

ACGME Report Worksheet

PATIENT CARE

Family physicians provide accessible, quality, comprehensive, compassionate, continuous and coordinated care to patients in the context of family and community, not limited by age, gender, disease process, or clinical setting, and by using the biopsychosocial spiritual perspective and patient-centered model of care.

PC 1. Cares for acutely ill or injured patients in urgent and emergent situations and in all settings.					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Gathers essential information about the patient (history, exam, diagnostic testing)	Consistently recognizes common situations that require urgent or emergent medical care Stabilizes the acutely ill patient Generates appropriate differential diagnoses for any presenting complaint Develops appropriate diagnostic and therapeutic management plans for common outpatient conditions	Consistently recognizes complex situations requiring urgent or emergent medical care Prioritizes appropriately the response to the acutely ill patient Develops appropriate diagnostic and therapeutic management plans for less common outpatient conditions Arranges appropriate follow up	Coordinates care of acutely ill patient with consultants and community services Demonstrates awareness of personal limitations regarding procedures, knowledge and experience in the care of acutely ill patients	Provides and coordinates care for acutely ill patients within local and regional systems of care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

PC 2. Cares for patients with chronic illnesses					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Recognizes the markers of a chronic illness</p> <p>Accurately documents a clinical encounter on a patient with chronic disease and generates a problem list</p> <p>Recognizes that chronic illnesses have a social impact on individual patients</p>	<p>Establishes a relationship with the patient as their personal physician</p> <p>Collects, organizes and reviews relevant clinical information</p> <p>Recognizes chronic illnesses exist on a continuum and identifies where the patient is on the continuum</p> <p>Develops an appropriate initial management plan that starts to include appropriate clinical guidelines</p>	<p>Consistently applies appropriate clinical guidelines to the treatment plan of the patient with chronic illness</p> <p>Engages the patient in the self-management of their chronic illness</p> <p>Clarifies the goals of care for the patient across the course of their chronic illness and for their family and community</p> <p>Begins to manage the conflicting needs of patients with multiple chronic illnesses or multiple co-morbidities</p>	<p>Leads care teams to consistently and appropriately manage patients with chronic illnesses and co-morbidities</p> <p>Facilitates patients' and families' efforts at self-management of their chronic illnesses, including use of community resources and services</p> <p>Uses quality markers to evaluate the care of patients with chronic illnesses</p>	<p>Personalizes the care of complex patients with multiple chronic illnesses and co-morbidities to help meet the patients' goals of care</p> <p>Continually uses experience with patients and EBM to perform population management of chronic illness patients</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

PC 3. Partners with the patient, family, and community to improve health through disease prevention and health promotion					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Explains the difference between disease prevention and health promotion, and why they should be part of patient care</p> <p>Collects family, social and behavioral history</p>	<p>Identifies genetics as a factor in health promotion and disease prevention</p> <p>Is aware of recommendations for health maintenance and screening guidelines developed by various organizations</p>	<p>Describes risks, benefits, costs and alternatives related to health promotion and disease prevention activities</p> <p>Partners with the patient and family to overcome barriers to disease prevention and health promotion</p> <p>Helps patients to overcome resistance to health promotion and disease prevention by mobilizing team members and resources</p> <p>Explains the evidence of health promotion and disease prevention to the patient</p> <p>Reconciles and uses recommendations for health maintenance and screening guidelines developed by various organizations</p>	<p>Tracks and monitors disease prevention and health promotion for their practice population</p> <p>Personalizes health promotion and disease prevention to a specific patient considering screening guidelines in the context of their family and community</p> <p>Appropriately applies health maintenance and screening guidelines to individual patients and their healthcare needs</p>	<p>Integrates disease prevention and health promotion seamlessly in the ongoing care of all patients</p> <p>Integrates practice and community data to influence community health</p> <p>Contributes to impact local health beyond the individual and practice through community partnerships</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

PC 4. Partners with the patient to address issues of ongoing signs, symptoms, or health concerns that remain over time without clear diagnosis despite evaluation and treatment in a patient-centered, cost-effective manner					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Acknowledges that patients with undifferentiated signs, symptoms, or health concerns are appropriate for the family physician and commits to addressing their concerns	<p>Develops a comprehensive differential diagnosis for patients with undifferentiated signs, symptoms, or health concerns and prioritizes an appropriate evaluation and treatment plan</p> <p>Chooses and limits diagnostic testing and consultations that will change the management of undifferentiated signs, symptoms, or health concerns</p>	<p>Facilitates patients' understanding of their expected course and events that require physician notification</p> <p>Identifies the medical and social needs of patients with undifferentiated signs, symptoms, or health concerns</p> <p>Identifies multidisciplinary resources to assist patients with undifferentiated signs, symptoms, or health concerns in order to deliver health care more efficiently</p>	<p>Accepts personal responsibility to care for patients with undifferentiated signs, symptoms, or health concerns</p> <p>Develops treatment plans that include periodic assessment and that use appropriate community and family resources to support patients and minimize the effect of the undifferentiated signs, symptoms, and health concerns on the patient</p> <p>Establishes rapport with patients to the degree that patients confidently accept the assessment of an undiagnosed condition</p>	<p>Demonstrates comfort caring for patients with long-term undifferentiated signs, symptoms, or health concerns</p> <p>Investigates emerging science and uses multidisciplinary teams to care for patients with undifferentiated signs, symptoms, or health concerns</p> <p>Contributes to the development of medical knowledge around undifferentiated signs, symptoms, and health concerns</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

PC 5. Performs specialty appropriate procedures to meet the healthcare needs of individual patients, families, and communities, and is knowledgeable about procedures performed by other specialists to guide their patients' care					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Identifies common procedures that family physicians perform</p> <p>Demonstrates sterile technique</p>	<p>Knows the indications, contraindications, complications, how to obtain informed consent, procedural technique, post-procedure management, and interpretation of results of the procedures they perform</p> <p>Begins the process of identifying additional procedural skills they may need or desire to have for their future practice</p>	<p>Uses appropriate resources to counsel the patient on the indications, contraindications, and complications of procedures</p> <p>Identifies and actively seeks opportunities for additional procedures they will need for their future practice to assist with or independently perform</p>	<p>Independently performs all procedures required for graduation</p> <p>Counsels the patient regarding indications, contraindications, and complications of procedures commonly performed by other specialties</p> <p>Identifies a plan to acquire additional procedural skills as needed for their practice</p>	<p>Seeks additional training to perform or assist with procedures identified as areas of need within their community</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

MEDICAL KNOWLEDGE

The practice of family medicine demands a broad and deep fund of knowledge to proficiently care for a diverse patient population with undifferentiated health care needs.

MK 1: Demonstrates medical knowledge of sufficient breadth and depth to practice family medicine					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates the capacity to improve medical knowledge through targeted study	Demonstrates the application of critical thinking to use medical knowledge in patient care Uses the ABFM In-Training Assessment resident scaled score to further guide their education	Meets MOC requirements for year of training in preparation for certification examination Achieves an ABFM In-Training Assessment resident scaled score predictive of a 50% pass rate on the certification examination Demonstrates capacity to assess and act on personal learning needs	Successfully completes ABFM requirements for certification Appropriately uses, performs and interprets diagnostic tests and procedures Achieves an ABFM In-Training Assessment resident scaled score predictive of a passing score on the ABFM exam	Remains "current" with MOC and MOL requirements Demonstrates life-long learning beyond minimum MOC/MOL requirements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

MK 2. Applies critical thinking skills in patient care					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Demonstrates basic linear analytic decision making capabilities</p> <p>Demonstrates the capacity to correctly interpret basic clinical tests and images</p>	<p>Demonstrates synthesis of multiple information resources to make routine clinical decisions</p> <p>Begins to integrate social and behavioral sciences with biomedical knowledge in patient care</p>	<p>Demonstrates sound clinical judgment in non-routine situations</p> <p>Analyzes and prioritizes information to make clinical decisions that are individualized for each patient</p> <p>Moves from individual thinking to family and population considerations</p>	<p>Integrates and synthesizes knowledge to make decisions in complex clinical situations</p> <p>Prioritizes care based on urgency, importance and prognosis</p>	<p>Integrates in-depth medical and personal knowledge of patient and family and community to decide, develop and implement treatment plans</p> <p>Defines the participants necessary to address important health problems for both individuals and communities</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

PROFESSIONALISM

Family physicians share the belief that health care is best organized and delivered in a patient- centered model, emphasizing patient autonomy, shared responsibility, and responsiveness to the needs of diverse populations. Family physicians place the interests of patients first while setting and maintaining high standards of competence and integrity for themselves and their professional colleagues. Family physicians maintain trust by identifying and ethically managing the potential conflicting interests of individual patients, patients’ families, society, the medical industry, and their own self-interest.

PROF-1 Completes a process of professionalization					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes that potential conflicting personal and professional values may exist	Recognizes the importance and priority of patient care, with an emphasis on the care that the patient wants and needs Effectively manages competing priorities to optimize patient care and outcomes in most situations	Engages in the continuing care of patients with a sense of duty Identifies their own conflicting personal and professional priorities; can explain the importance of the competing principles; and recognizes their potential impact on patient care	Develops and applies a consistent and measured approach that emphasizes the patient’s best interest Manages ethical issues in practice using a systematic approach	Demonstrates leadership and mentorship in applying shared standards and ethical principles including the priority of responsiveness to patient needs above self-interest across the health care team Develops institutional and organizational strategies to protect and maintain these principles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

PROF-2 Demonstrates professional conduct and accountability					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Presents themselves in a respectful and professional manner</p> <p>Attends to responsibilities and completes duties as required</p> <p>Maintains patient confidentiality documents and reports clinical and administrative information truthfully</p> <p>Recognizes when needs assistance and asks for it</p>	<p>Consistently recognizes limits of knowledge in common and frequent clinical situations and asks for assistance</p> <p>Has insight into his/her own behavior and likely triggers for professionalism lapses and is able to use this information to stay professional</p> <p>Completes all clinical and administrative tasks promptly</p>	<p>Models appropriate professional conduct without external guidance</p>	<p>Recognizes professionalism lapses and provides assistance to other team members and colleagues</p> <p>Accepts the role of self-regulation</p> <p>Recognizes professional responsibilities for reporting personal and team errors and completes appropriate patient and institutional reporting</p>	<p>Is a model of professional conduct, putting the needs of each patient above self-interest</p> <p>Exhibits high level of emotional intelligence in self-awareness, self-management, social awareness and relationship management</p> <p>Implements organizational policies to support the application of these principles in the practice of medicine</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

PROF-3 Demonstrates humanism and cultural proficiency					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Displays a consistent attitude and behavior that conveys acceptance of diverse individuals and groups including but not limited to diversity in gender, age, culture, race, religion, disabilities and sexual orientation</p> <p>Recognizes impact of culture on health and health behaviors</p>	<p>Consistently demonstrates compassion, respect, and empathy</p> <p>Elicits cultural factors from patients and families that impact health and health behaviors in the context of the biopsychosocialspiritual model</p> <p>Identifies own cultural framework that may impact patient interactions and decision-making</p>	<p>Incorporates patients' beliefs, values, and cultural practices in patient care plans</p> <p>Identifies Health disparities and social determinants of health and their impact on individual and family health</p>	<p>Anticipates and develops a shared understanding of needs and desires with patients and families; works in partnership to meet those needs</p>	<p>Demonstrates leadership and mentoring regarding cultural proficiency and understanding of health disparities and social determinants of health to improve health and health care</p> <p>Develops organizational policies and education to support the application of these principles in the practice of medicine</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

PROF-4 : Maintains emotional, physical, and mental health and pursues continual personal and professional growth					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Is aware of the importance of the maintenance of emotional, physical, and mental health and issues related to fatigue /sleep deprivation	<p>Applies basic principles of physician wellness, including rest, diet, exercise, personal health, and balance in life to adequately manage personal emotional, physical, and mental health</p> <p>Balances physician well-being with assuring that patient care needs are met</p> <p>Is knowledgeable about the issues related to fatigue, sleep deprivation and physician impairment</p> <p>Accepts constructive feedback</p>	<p>Actively seeks feedback and provides constructive feedback to others</p> <p>Recognizes and effectively manages signs of physician impairment in self and others</p>	<p>Appropriately manages situations in which maintaining personal emotional, physical and mental health is challenged</p> <p>Implements appropriate steps to address impairment of self and others</p>	<p>Optimizes professional responsibilities through the application of principles of physician wellness to the practice of medicine</p> <p>Maintains competency appropriate to scope of practice</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

SYSTEM BASED PRACTICE

The stewardship of the family physician helps to ensure high value, high quality, and accessibility in the health care system. The family physician uses their role to anticipate and engage in advocacy for improvements to health care systems to maximize patient health.

SBP-1 Provides cost-conscious medical care					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Understands that health care resources and costs impact patients and the health care system	Knows and considers costs and risk/benefit of different treatment options in common situations	Coordinates individual patient care in a way that is sensitive to resource use, efficiency, and effectiveness	Partners with patients to consistently use resources efficiently and cost effectively in even the most complex and challenging cases	Role models and promotes efficient and cost-effective use of resources in the care of patients in all settings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

SBP-2 Emphasizes patient safety					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Understands that medical errors affect patient health and safety and their occurrence varies across settings and between providers	Recognizes medical errors when they occur, including those that do not have adverse outcomes Understands and follows protocols to promote patient safety and prevents medical errors	Uses current methods of analysis to identify individual and system causes of medical errors common to family medicine Develops individual and system improvement plans that promote patient safety and prevents medical errors	Consistently engages in self-directed and practice improvement activities that seek to identify and address medical errors and patient safety in daily practice Fosters adherence to patient care protocols amongst team members that enhance patient safety and prevents medical errors	Role models self-directed and system improvement activities that seek to continuously anticipate, identify and prevent medical errors to improve patient safety in all practice settings including the development, use, and promotion of patient care protocols and other tools
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

SBP-3 Advocates for individual and community health					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes social context and environment, and a community's public policy decisions affect individual and community health	Recognizes that family physicians can impact community health Lists ways in which community characteristics and resources affect the health of their patients and communities	Identifies specific community characteristics that impact specific patients' health Understands the process of conducting a community strengths and needs assessment	Works with other practices, public health, and community-based organizations to educate the public, guide policies, and execute well-designed community initiatives Adapts and seeks to improve the health care systems in which they practice	Role-models active involvement in community education and/or policy change to improve the health of patients and communities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

SBP-4 Coordinates team based care					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Understands quality patient care requires coordination and teamwork and participates as a willing team member	Understands the roles and responsibilities of oneself and of patients, families, consultants and interprofessional team members needed to optimize care and accepts responsibility for coordination of care	Engages the appropriate care team needed to provide accountable team-based, coordinated care centered on individual patient needs Assumes responsibility for seamless transitions of care	Assumes ultimate responsibility for the coordination of care and directs appropriate care teams to optimize the care of patients Sustains a personal relationship with his/her own patients	Role models leadership, integration, and optimization of care teams to provide quality, individualized patient care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

PRACTICE-BASED LEARNING AND IMPROVEMENT

The family physician must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

PBLI -1 Locates, appraises, and assimilates evidence from scientific studies related to their patients' health problems					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning</p> <p>Categories the study design of a research study</p>	<p>Identifies pros and cons of various study designs, associated types of bias, and patient-centered outcomes</p> <p>Formulates a searchable question from a clinical question (e.g. using the PICO format)</p>	<p>Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses, and clinical practice guidelines</p> <p>Critically evaluates information from others: colleagues, experts, pharmaceutical representatives, and patient-delivered information</p>	<p>Incorporates principles of evidence-based care and information mastery into clinical practice</p>	<p>Independently teaches and assesses evidence-based medicine and information mastery techniques</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

PBLI-2 Demonstrates self-directed learning					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Uses feedback to improve learning and performance</p> <p>Acknowledges gaps in personal knowledge and expertise and frequently asks for feedback in order to identify weaknesses in own practice</p>	<p>Continually assesses performance and contributes to a learning plan by addressing feedback and assessments</p> <p>Uses point-of-care, evidence-based information and guidelines to answer clinical questions</p>	<p>Has a self-assessment and learning plan that demonstrates a balanced and accurate assessment of competence and areas for continued improvement</p>	<p>Identifies own clinical information needs based, in part, on the values and preferences of each patient</p> <p>Demonstrates use of a system or process for keeping up with relevant changes in medicine</p> <p>Completes MOC requirements</p> <p>Consistently evaluates self and practice, using appropriate evidence-based standards, to implement changes in practice to improve patient care and its delivery</p>	<p>Regularly seeks to determine and maintain knowledge of best evidence supporting common practices, demonstrating consistent behavior of regularly reviewing evidence in common practice areas</p> <p>Initiates or collaborates in research to fill knowledge gaps in Family Medicine</p> <p>Utilizes MOC as an infrastructure for practice</p> <p>Role models continuous self-improvement and care delivery improvements using appropriate, current knowledge and best-practice standards</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

PBLI – 3 Improves systems in which the physician provides care					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes inefficiencies, variation, and quality gaps in health care delivery	Compares care provided by self and clinic to external standards and identifies areas for improvement	<p>Uses systematic improvement method (e.g. PDSA cycle) to address an identified area of improvement</p> <p>Uses an organized method, such as a registry, to assess and manage population health</p>	Comfortable with establishing protocols for continuous review and comparison of practice procedures and outcomes and implementing changes to address areas needing improvement	Role models continuous quality improvement of personal practice as well as larger health systems or complex projects using advanced methodologies (e.g. six sigma) and skill sets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

COMMUNICATION

The family physician demonstrates interpersonal and communication skills that foster trust and result in effective exchange of information and collaboration with patients, their families, health professionals, and the public.

C-1 Develops meaningful, therapeutic relationships with patients and families					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes that effective relationships are important to quality care	Creates a non-judgmental, safe environment to actively engage the patient and families to share information and their perspective	Effectively builds rapport with a growing continuity panel of patients and families Respects patients' autonomy in their health care decisions and clarifies patients' goals to provide care consistent with their values	Connects with patients and families in a continuous manner that fosters trust, respect and understanding including the ability to manage family conflict	Role models effective, continuous relationships that optimize the well-being of the patient and family
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

C -2 Communicates effectively with patients, families, and the public					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Recognizes that respectful communication is important to quality care</p> <p>Identifies physical, cultural, psychological, and social barriers to communication</p> <p>Uses the medical interview to establish rapport and facilitate patient-centered information exchange</p>	<p>Selects modality of communication appropriate to patient context and patient needs</p> <p>Organizes information to be shared with patients and families</p>	<p>Negotiates a visit agenda with the patient, and uses active and reflective listening to guide the visit</p> <p>Engages patient's perspective in shared decision making</p> <p>Recognizes non-verbal cues and uses non-verbal communication skills in patient encounters</p>	<p>Educates and counsels patients and families in disease management and health promotion skills</p> <p>Effectively communicates difficult information such as end-of-life discussions, delivery of bad news, acknowledgement of errors, and during episodes of crisis</p> <p>Maintains a focus on patient-centeredness and integrates all aspects of patient care to meet their needs</p>	<p>Role models effective communication with patients, families, and the public</p> <p>Engages community partners to educate the public</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

C -3 Develops relationships and effectively communicate with physicians, other health professionals, and healthcare teams					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Understands the importance of the health care team and shows respect for the skills and contributions of others	Demonstrates consultative exchange that includes clear expectations and timely, appropriate information exchange Presents patient data in a clear, concise and organized manner	Effectively uses EHR to exchange information among the health care team Communicates collaboratively with the health care team by listening attentively, sharing information, and giving and receiving constructive feedback	Sustains working relationships during complex and challenging situations including transitions of care Effectively negotiates and manages conflict among members of the healthcare team in the best interest of the patient	Role models effective collaboration with other providers that emphasizes efficient patient-centered care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

C-4 Utilizes technology to optimize communication					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Recognizes effects of technology on information exchange and the physician/patient relationship</p> <p>Recognizes the ethical and legal implications of using technology to communicate in health care</p>	<p>Ensures that clinical and administrative documentation is timely, complete and accurate</p> <p>Maintains key patient-specific databases, such as problem lists, medications, health maintenance, chronic disease registries</p> <p>Uses technology in a manner which enhances communication and does not interfere with the appropriate interaction with the patient</p>	<p>Ensures transitions of care are accurately documented and optimizes communication across systems and continuums of care</p>	<p>Effectively and ethically uses all forms of communication such as face-to-face, telephonic, electronic, and social media</p> <p>Uses technology to optimize continuity care of patients and transitions of care</p>	<p>Stays current with technology and adapts systems to improve communication with patients, other providers, and systems</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					