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| **Patient Care**: Gather essential and accurate information about the patient.  |
| **1. Novice 2. Beginner** | **3. Advanced 4. Beginning** **Beginner Competency** | **5. Competent 6. Advanced** **Competency** | **7. Proficient 8. Advanced** **Proficiency** | **9. Expert N/A** |
| Obtains exhaustive or too little information according to an inflexible template without regard for the chief complaint and has limited ability to connect information.  | Obtains pertinent positives and negatives and connects information to broad diagnostic categories. | Demonstrates advanced pattern recognition allowing simultaneous gathering of information while developing a differential diagnosis early in the information-gathering process.  | Utilizes well-developed illness scripts allowing precise diagnoses to be reached with ease and efficiency with most pediatric problems. | Utilizes robust illness scripts leading to unconscious gathering of essential and accurate information in a targeted and efficient manner when presented with complex or uncommon problems.  |

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| **Patient Care**: Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment. |
| **1. Novice 2. Beginner** | **3. Advanced 4. Beginning** **Beginner Competency** | **5. Competent 6. Advanced** **Competency** | **7. Proficient 8. Advanced** **Proficiency** | **9. Expert N/A** |
| Inability to make decisions due to inaccurate or incomplete data collection. Clinical judgment cannot be assessed due to a lack of filtering, reorganization, or synthesis of data.  | Focuses on presentation features, making a unifying diagnosis elusive. Data gathered is used to decide on clarifying tests rather than to develop and prioritize a differential diagnosis. Unclear management plans.  | Pattern recognition begins to guide data gathering from history and physical. Presentations are organized and include a differential diagnosis and management plan.  | Reorganizes clinical findings comparing possible diagnoses. Pattern recognition results in sound diagnostic and therapeutic reasoning, a well-synthesized differential diagnosis and management plan. | Clinical information leads to early directed diagnostic hypothesis testing with history, exam, and tests used to confirm this and therapies are based on a unifying diagnosis, resulting in an efficient diagnostic work-up and management plan.  |

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| **Medical Knowledge**: Demonstrate sufficient knowledge of the basic and clinically supportive sciences appropriate to pediatrics.  |
| **1. Novice 2. Beginner** | **3. Advanced 4. Beginning** **Beginner Competency** | **5. Competent 6. Advanced** **Competency** | **7. Proficient 8. Advanced** **Proficiency** | **9. Expert N/A** |
| Knows or remembers the basic content knowledge of common pediatric problems and illnesses. | Understands the basic content knowledge of pediatrics, but is still learning to apply it to clinical situations. | Synthesizes, analyzes, and applies knowledge in a way that allows the generation of a meaningful differential diagnosis in a clinical situation. | Evaluates knowledge and uses it appropriately to develop meaningful clinical management plans.  | Analyzes and evaluates previous experiences, and refines their practice appropriately to new clinical situations and encounters. |

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| **Practice-based Learning and Improvement**: Identify strengths, deficiencies, and limits in one’s knowledge and expertise. |
| **1. Novice 2. Beginner** | **3. Advanced 4. Beginning** **Beginner Competency** | **5. Competent 6. Advanced** **Competency** | **7. Proficient 8. Advanced** **Proficiency** | **9. Expert N/A** |
| Acknowledges external assessments, but understanding of own performance is superficial and limited to the overall grade or bottom line. Little understanding of how performance measures relate to their specific level of Knowledge, Skills and Attitudes.  | Assessment of performance is seen as being able to do or not do the task at hand without appreciation for how well it is done and whether there is a need to improve the outcome. “Did I do that correctly” without asking about “how or why.”  | Internal prompts for understanding specifics of level of performance. Evidence of this stage demonstrated by active questioning and application of knowledge in developing a rationale for care plans or in teaching activities.  | Learner anticipates potential clinical problems and self-identifies knowledge gaps to generate new questions. Evidence of this stage can be determined by the advanced nature and level of questioning or resource seeking.  | Self-directed goal of improving the professional self leads learner to anticipate hypothetical scenarios and systematically address identified knowledge gaps. Elaborate questioning occurs to further explore gaps and strengths.  |

***Please complete reverse side* *Resident / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pediatric Milestones: Mock Code Evaluation PAGE 3 of 4***

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| **Interpersonal and Communication Skills**: Demonstrate the insight and understanding into emotion and human response to emotion that allows one to appropriately develop and manage human interactions.  |
| **1. Novice 2. Beginner** | **3. Advanced 4. Beginning** **Beginner Competency** | **5. Competent 6. Advanced** **Competency** | **7. Proficient 8. Advanced** **Proficiency** | **9. Expert N/A** |
| Does not accurately anticipate or read others’ emotions in verbal and nonverbal communication. Unaware of one’s own emotional and behavioral cues. Does not effectively manage strong emotions in oneself or others**.**  | Begins to read emotional responses in self and others, but does not yet have the ability or insight to moderate behavior to effectively manage emotions. Strong emotions in self and others may still become overwhelming.  | Anticipates, reads, and reacts to emotions with appropriate behavior in nearly all scenarios, including those evoking very strong emotions. Uses these abilities to gain and maintain therapeutic alliances with others.  | Perceives, understands, and manages emotions in broad range of scenarios. Effectively manages own emotions appropriately in all situations. Effectively uses emotions to gain and maintain therapeutic alliances with others. Perceived as humanistic.  | Intuitively perceives, understands, uses, and manages emotions to improve the health and well-being of others and to foster therapeutic relationships in any and all situations. Seen as an authentic role model of humanism.  |

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| **Interpersonal and Communication Skills**: Communicate effectively with physicians, other health professionals, and related health related agencies.  |
| **1. Novice 2. Beginner** | **3. Advanced 4. Beginning** **Beginner Competency** | **5. Competent 6. Advanced** **Competency** | **7. Proficient 8. Advanced** **Proficiency** | **9. Expert N/A** |
| Rigid rules-based recitation of facts. Often communicates from a template. Communication does not change based on context, audience, or situation. Not aware of the purpose of the communication.  | Begins to understand the purpose of the communication and at times adjusts length to context. Will often still err on the side of inclusion of excess details. | Tailors communication strategy and message to the audience, purpose, and context in most situations. Aware of the purpose of the communication and can effectively make an argument. Beginning to improvise in unfamiliar situations.  | Uses the appropriate strategy for communication. Refines complex cases succinctly. Improvises and has expanded strategies for dealing with difficult communication scenarios. | Master of improvisation in any new or difficult communication scenario. Recognized as a highly effective public speaker. Sought out as a role model for difficult conversations and as a mediator. |

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| **Systems-based Practice**: Coordinate patient care within the health care system relevant to their clinical specialty.  |
| **1. Novice 2. Beginner** | **3. Advanced 4. Beginning** **Beginner Competency** | **5. Competent 6. Advanced** **Competency** | **7. Proficient 8. Advanced** **Proficiency** | **9. Expert N/A** |
| Performs medical decision-making without input from family, team, or consultants. Minimal communication with other team members or involvement in transitions of care. S/he does not recognize social/cultural context of care.  | Begins to involve the patient/family in goal setting and decisions. Occasionally completes a written care plan that addresses some but not all issues. Intermittent communication with consultants and transitions of care.  | Recognizes responsibility to patient/ family to assist in creation of a medical home. Frequently involves family in decisions and provides a complete written care plan. S/he has good communication with team members and consultants.  | Actively assists families in navigating complexities of the health care system. Decision making is shared with the patient/family. Open communication, family-centered and culturally effective care includes written care plans and seamless transitions between healthcare settings.  | As above, and works to optimize healthcare systems and teaches others how to optimize patient care systems.  |

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