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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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| **Practice-based Learning and Improvement**: Participate in the education of patients, families, students, residents, and other health professionals. | | | | |
| **1. Novice 2. Beginner** | **3. Advanced 4. Beginning**  **Beginner Competency** | **5. Competent 6. Advanced**  **Competency** | **7. Proficient 8. Advanced**  **Proficiency** | **9. Expert N/A** |
| Doctor-centered interaction: Has gaps in knowledge and experience resulting in rigid/scripted education and counseling; patient needs not met. | Doctor and patient-centered, based on dynamics of encounter: closing gaps of knowledge. Somewhat flexible in addressing patient /learner needs. | Majority patient-centered: has solid knowledge and experience. Able to modify teaching to patient needs. Inconsistently checks for patient understanding. | Patient-centeredness is a priority: skillful and knowledgeable about needs of patient. Consistently checks for patient understanding. Empowers and motivates patients. | Patient-centeredness is a habit: is able to motivate and empower with ability to confirm comprehension of counseling. |

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| **Interpersonal and Communication Skills**: Communicate effectively with patients, families across a broad range of socioeconomic and cultural backgrounds. | | | | |
| **1. Novice 2. Beginner** | **3. Advanced 4. Beginning**  **Beginner Competency** | **5. Competent 6. Advanced**  **Competency** | **7. Proficient 8. Advanced**  **Proficiency** | **9. Expert N/A** |
| Uses a standard medical interview template. Limited ability to tailor the scripted interview based on patients cultural /different background. May feel uncomfortable asking personal questions. | Establishes rapport and focuses on information exchange during the medical interview; begins to use nonjudgmental questioning scripts. Identifies communication barriers but has difficulty managing them. | Effectively establishes rapport using verbal &nonverbal skills that promote trust, respect, and understanding. Eases identified communication barriers. Develops scripts to approach most difficult communication scenarios. | Establishes and maintains a therapeutic alliance using communication tailored to the individual. Has many scripts for the difficult communication scenarios and able to adjust as necessary ad hoc. | Authentically connects with patients and families; fosters a trusting and loyal relationship. Effectively educates patients, families as part of all communication. Intuitively handles difficult communication scenarios with grace and humility. |