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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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| **Medical Knowledge**: Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems. | | | | |
| **1. Novice 2. Beginner** | **3. Advanced 4. Beginning**  **Beginner Competency** | **5. Competent 6. Advanced**  **Competency** | **7. Proficient 8. Advanced**  **Proficiency** | **9. Expert N/A** |
| Explains basic principles of EBM but relevance is limited due to lack of clinical experience. Not able to formulate a clinical question; does not have skill of critical appraisal of the literature. | Recognizes the importance of use of current information to manage patients and responds to external prompts to do so. Able to formulate a clinical question; not yet efficient with on-line literature search. Starting to learn critical appraisal skills. | Identifies knowledge gaps as learning opportunities. Increasing skill at formulating clinical questions, critically appraising topics by analyzing major outcomes, and seeks/ applies evidence when needed, not just when prompted. | Increasing self-motivated to learn and regularly formulates clinical questions. Incorporates evidence on rounds and teaches. Performs advanced literature searches; advanced skill in critical appraisal; practices EBM. | Teaches critical appraisal of topics to other learners. Able to easily formulate clinical questions and does so by habit. A role model for practicing EBM. |

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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. |

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| **Practice-based Learning and Improvement**: Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement. | | | | |
| **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 reflect on own practice. Does not understand quality improvement. Is defensive about performance data and resists feedback to improve practice. | Has insight from personal experience with patients but potential improvement limited by lack of system or team approach. | Has insight from personal/ population experiences and able to apply insight to larger groups when prompted to do so. | Self-directed analysis of experiences for continual improvement. Leads team in improvement. | Uses one's successes to benefit other practices, systems, or populations and able to change practice for optimization. |

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

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| **Interpersonal and Communication Skills**: Work effectively as a member or leader of a health care team or other professional group. | | | | |
| **1. Novice 2. Beginner** | **3. Advanced 4. Beginning**  **Beginner Competency** | **5. Competent 6. Advanced**  **Competency** | **7. Proficient 8. Advanced**  **Proficiency** | **9. Expert N/A** |
| Passively follows others’ lead with little initiative to interact with team members. Self-centered approach to work with focus on his/her own performance. | Actively integrates into team function but puts personal goals ahead of team goals. | Sees oneself as integral to the team and adapts role to achieve team goals thru bi-directional communication. Seeks understanding of others’ abilities, offers coaching. | Actively seeks and provides feedback and takes personal responsibility for the team's work. Leads the team. Uses closed loop communication. | Creates a high-functioning team by placing the team above personal goals. Seamlessly assumes the role of leader or follower, as needed, to accomplish team goals. |

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| **Systems-based Practice**: Advocate for quality patient care and optimal patient care systems. | | | | |
| **1. Novice 2. Beginner** | **3. Advanced 4. Beginning**  **Beginner Competency** | **5. Competent 6. Advanced**  **Competency** | **7. Proficient 8. Advanced**  **Proficiency** | **9. Expert N/A** |
| Attends to medical needs of individual patients. Wants to take good care of patients and takes action for the individual patient’s health care needs. | Recognizes that an individual patient’s issues are shared by other patients, that there are systems at play, and that there is a need for quality improvement of those systems. | Acts within the defined medical role to address an issue or problem that is confronting a cohort of patients. May enlist colleagues to help with this problem. | Actively participates in hospital-initiated quality improvement and safety actions. Demonstrates a desire to have an impact beyond the hospital walls. | Identifies and acts to begin the process of improvement projects both inside the hospital and within one’s practice community. |

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| **Systems-based Practice**: Work in inter-professional teams to enhance patient safety and improve patient care quality. | | | | |
| **1. Novice 2. Beginner** | **3. Advanced 4. Beginning**  **Beginner Competency** | **5. Competent 6. Advanced**  **Competency** | **7. Proficient 8. Advanced**  **Proficiency** | **9. Expert N/A** |
| Seeks answers and responds to authority from only intraprofessional colleagues (physician-focused). Does not recognize or acknowledge interdisciplinary input. | Developing an understanding of unique knowledge of other professionals but remains physician-centered in ambiguous situations or conflict. | Demonstrates ability to work well with other members of the interprofessional medical team to enhance patient safety and care quality. | Excellent team leader who embraces the complementary nature of the interprofessional medical team members and utilizes input from all team members to maximize benefits to the patient. | Expert team leader through appropriate recognition and utilization of the interprofessional medical team. Understands complementary nature and broader connectivity of other professions and models team leadership. |

***Please complete reverse side* *Resident / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pediatric Milestones: Process Improvement Evaluation PAGE 4 of 4***