

Supplemental digital content for Meade et al. Playing With Curricular Milestones in the Educational Sandbox: Q-sort Results From an Internal Medicine Educational Collaborative. Acad Med. 2013;88(8).

Copyright © by the Association of American Medical Colleges. All rights reserved.

Milestones Tool: Essential Ambulatory Care

Resident:

Faculty Observer:

Date Observed:

Observable skills	P	Specific Feedback Based on Observation
<b>Recognize situations</b> that require urgent or emergent care. <b>Asks</b> for supervision or <b>assistance</b>		
Recognize when to seek <b>additional guidance</b>		
Begins with <b>open-ended</b> questions, then uses more directive ones. Appropriately <b>sets an agenda</b> and asks questions related to the <b>presenting complaint</b> .		
Seeks to <b>verify</b> , understand patient's meaning.		
Data gathering is <b>efficient</b> (questions organized around complaint)		
<b>Prioritizes</b> (addresses life-threatening problems first, then lower impact problems)		
<b>Hypothesis-driven</b> (asks questions reflecting a working hypothesis)		
Physical exam includes key maneuvers <b>targeted</b> to the problem		
Identifies and confirms <b>key positive</b> physical findings		
<b>Synthesizes</b> available data (interview, exam, preliminary lab) to define patient's <b>central clinical problem</b> .		
<b>Prioritized</b> from highest to lowest acuity		
<b>Reflects a reasonable level of EB or consensus guideline knowledge</b> (if available) about common inpatient and ambulatory disease states		
Diagnostic or therapeutic plan <b>corresponds to diagnoses</b>		
Diagnostic or therapeutic plan <b>minimizes risk</b> to the patient		
Understands scope of their abilities as a member of the practice team. Knows when to ask for help from a team member to coordinate care, provide education, or provide other services.		
Explores <b>patient preferences</b> and incorporates them into a <b>treatment plan</b> appropriate for that individual.		
Strives to provide <b>patient centered care regardless of differences</b> in background, beliefs or opinions between physician and patient.		

Using this Milestones Observation/Feedback Tool:

What is a Landmark?

A landmark is a significant, visible achievement reached by a resident learner as they move along the continuum toward independent practice.

What Landmark is this tool designed to help assess?

This tool is designed to help identify resident skills necessary for the landmark of "Ready to be indirectly supervised for Essential Ambulatory Care" in the ambulatory clinic. Reaching this landmark means the resident is ready to see some patients without the attending in the room for key components of the visit. A resident is ready for indirect supervision of essential ambulatory care after they have consistently demonstrated these milestones. Upon reaching this landmark the resident can be confidently supervised at a distance, allowing for additional preceptor guidance as needed.

Can I use this tool for multiple observations?

Yes. This tool is designed for directly observing a resident as they care for a patient in the ambulatory setting. You might wish to use a copy of this tool for multiple encounters, looking for a consistent use of skills. It is not likely that all skills listed will be observed during a single session. When the milestone is performed consistently after multiple observations check “P”. Use the ‘Feedback’ column to give the resident guidance on reaching the landmark, or to further develop skills.

Are these the only skills needed for this landmark?

A selection process was used by educators from multiple internal medicine programs to highlight these particular milestones in assessing this landmark. You are invited to add additional skills beyond those listed in making this assessment.

Fold here  
to see  
how  
milestones  
inform this  
tool.



Milestone/ Domain
<b>--PC/ F1 Patient Care: Patient Management</b> Recognize situations with a need for urgent or emergent medical care including life threatening condition
<b>--PC/ F2 Patient Care: Patient Management</b> Recognize when to seek additional guidance
<b>--PC/A1 Patient Care: Historical data gathering</b> Acquire accurate and relevant history from the patient in an efficiently customized, prioritized and hypothesis-driven fashion.
<b>--PC/ B1 Patient Care: Performing a physical exam</b> Perform an accurate examination targeted to patient’s complaints, conditions. Identify pertinent abnormalities using common maneuvers.
<b>--PC/ C1 Patient Care: Clinical Reasoning</b> Synthesize all available data, including interview, physical examination, and preliminary laboratory data, to define each patient’s central clinical problem
<b>--PC/C2 Patient Care: Clinical Reasoning</b> Develop prioritized differential diagnoses, evidence-based diagnostic and therapeutic plan for common inpatient and ambulatory conditions
<b>--P/F5 Demonstrate personal accountability</b> Recognize the scope of his/her abilities and ask for supervision and assistance appropriately
<b>--P/I1 Professionalism: Respect the dignity,culture, beliefs, values and opinions of the patient</b> Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status

