

Date: _____

Preceptor: _____

Resident: _____

First Year Resident Core Competencies Evaluation Form

Clinical Acumen

CA1. Identify the purpose(s) for the visit.

			Competence	Mastery
Difficulty identifying reason for visit. Visits often confused, patient frequently upset	Able to correctly identify reason for visit, but does so inconsistently	Reason for visit generally identified, but often late in the visit	Consistently identifies primary reason for visit early in the encounter and addresses appropriately	Consistently identifies all primary and secondary reasons for visit and prioritizes appropriately

☐ NOT ADDRESSED THIS SESSION

Comments _____

CA2. Develop appropriate biopsychosocial hypothesis that applies to the presenting problem.

			Competence	Mastery
Unable to develop appropriate hypothesis	Able to develop appropriate hypothesis for many visits but does so inconsistently. History tends to wander	Able to develop hypothesis for most visits, but becomes less focused with complex problems or difficult historians	Consistently develops appropriate hypothesis for all visits	Always develops appropriate hypothesis using open & closed questions and other sources of knowledge

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Comments _____

CA3. Evaluate the presenting problem using a focused investigation, which will influence management decisions for this visit.

			Competence	Mastery
History and diagnostic studies poorly focused or inappropriate for purpose of visit or hypothesis	History and investigations focused for single-problem or simple visits only	History and investigations focused for single-problem or simple visits and some more complicated visits	History and investigations consistently well focused and appropriate	History and investigations consistently well focused, appropriate, concise and time efficient

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Comments _____

CA4. Prioritize the probable and potential diagnoses to ensure that attention is given to the most likely, most serious, and most readily treatable options.

			Competence	Mastery
Unable to prioritize potential diagnoses	Able to prioritize diagnoses for single problems or simple visits only	Able to prioritize well for all single-problem and most complicated visits	Prioritization is accurate, with emphasis on most serious and treatable options for all visits	Prioritizes potential diagnoses in a concise, accurate and time efficient manner

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Comments _____

CA5. Present a provisional and working diagnosis to the patient.

			Competence	Mastery
Unable to present diagnoses to patient in an understandable fashion; patient confused regarding information presented	Able to present diagnosis to patient for simple problems; uses some jargon, but able to explain things when asked.	Able to present diagnosis to patient for all simple and some complex or uncertain problems; no use of jargon.	Presents clear information to patient without use of jargon; elicits patient understanding of information presented.	Always ensures accurate patient understanding of both the provisional diagnosis and the level of uncertainty regarding the diagnosis for even the most complex issues.

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Comments _____

CA6. Develop a plan of action that attends to salient medical, ethical, spiritual, psychosocial, family, cultural, and socioeconomic issues.

			Competence	Mastery
Unable to incorporate patient's background or wishes into plan. Frequent use of paternalistic approach.	Able to incorporate individual aspects of biopsychosocial care into action plan, but does so inconsistently	Attends to biopsychosocial issues for most visits, but is less proficient with complicated care plans	Consistently attends to biopsychosocial issues with all simple visits and most complex patient care visits	Consistently attends to biopsychosocial issues with all simple and complex patient care visits

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Comments _____

CA10. Arrange for follow-up of the current problem that fits the guidelines of current standard of care and/or attends to the special needs of the patient.

			Competence	Mastery
Follow-up plans are non-existent or poorly laid out. Difficult to discern plans for communicating results to patient or for follow-up by reading the note. Pt unaware of need for follow-up	Follow-up plans documented in note, but not well communicated to patient. Plans often inappropriate (intervals too long or short). Means of communicating results to patient poorly defined. Patients frequently call to ask about results.	Follow-up plans usually clearly stated and communicated to patient. Follow-up intervals usually appropriate. Result reporting not well defined, resulting in extra phone calls from patient.	Develops clearly stated, appropriate follow-up plans and these are effectively communicated to the patient. Plans are well documented in the visit note, allowing others to act on those plans when necessary.	Follow-up plans precise, proactive and clearly communicated to the patient with good use of future orders. Scheduling comments used to improve efficiency of scheduling process

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Comments _____

Interpersonal Skills**IS3. Conduct an interview that fosters a nurturing doctor-patient relationship.**

			Competence	Mastery
Interview rushed, brusque or rude. Patients often irritated. Occasional angry reactions from patients.	Interview business-like, sometimes rushed. No sense of nurturing. Patients not angered by process, but often appear disconnected from the relationship.	Interview professional and appropriate, but doesn't create nurturing or collaborative relationship with patient	Nurturing interview that creates a collaborative doctor-patient relationship. Patients express appreciation for Dr.'s time, attention and caring.	Able to establish excellent patient rapport with ease (even with difficult patients). Interviews are time-efficient yet still result in the patient feeling connected and expressing appreciation for the Dr.'s time and care.

☐ NOT ADDRESSED THIS SESSION

Comments _____

Organizational Skills

Date: _____

Preceptor: _____

Resident: _____

*****PLEASE SEPARATE THIS PAGE AND COMPLETE IT AFTER YOU HAVE REVIEWED THE CHART FOR THIS SESSION.**

OS5. Completely document the patient care encounter in the medical record in a concise and legible manner following a problem-oriented format and using the S.O.A.P. notation.

			Competence	Mastery
Note poorly organized. Poor use of SOAP. Long run-on paragraphs. Confuses Subj. & Obj. data. Long delays in chart completion. Forgets to name preceptor.	Notes organized, but lack conciseness. Long sentences with frequent repetition of "pt states", etc. Sometimes forgets to name preceptor. Some delay in charting.	Notes well organized but a bit wordy. Preceptor usually indicated. Documentation completed within 24 hrs of visit.	Well organized, concise SOAP notes reflecting sound clinical judgement. Documentation completed during clinic session. Preceptor always indicated	Well organized, concise SOAP notes reflecting sound clinical judgement. F/U plans clear. Documentation completed during clinic session. Preceptor always indicated.

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Comments _____

OS6. Update the biopsychosocial problem list and medication list at each visit.

			Competence	Mastery
Does not update past history palettes or problem list in Epic. No updating of medication lists. Frequent charting errors as a result.	Med list updated. Past Hx palettes list diagnoses but give no dates or details. Problem list used very little	Med list updated at each visit, but not at other times. Hx palettes completed, but not updated regularly. Problem list used, but contains all problems, active and inactive.	Med list updated at each visit, telephone encounter or admission. Notes accurate. Problem list used and up-to-date. Patient palettes complete and accurate with regular updates w/new Dx's & data.	Med list used well with regular use of stop dates & reason for discontinuance. Problem list current with notation of active & resolved problems. Hx palettes complete with date & clear descriptions of issues

☐ **NOT ADDRESSED THIS SESSION**

Comments _____

Business Practice

BP1. Bill the patient fairly and appropriately for services rendered (in accordance with their insurance option) referring those who need financial assistance to appropriate business office personnel.

			Competence	Mastery
Poor understanding of billing codes. Tends to use 99213 for all visits or forgets to suggest a charge. Doesn't understand use of carve-outs or modifiers. Forgets supply charges	Aware of different codes, but often suggests wrong level of service. Aware of modifiers but doesn't use them consistently. Aware of supply charges, but usually forgets	Uses most billing codes. May forget new patient codes. Some confusion about carve-outs and modifiers. Sometimes forgets to bill for supplies	Uses full range of billing codes, including Prev Med., new patient, carve-outs and modifiers. Accurate diagnosis entry & supply charges. Aware of billing assistance availability	Able to use complex billing codes, including modifiers, carve-out and procedure codes accurately. Knows how to refer a pt for financial assistance on their own.

☐ **NOT ADDRESSED THIS SESSION**

Comments _____
