An aerial photograph of a city street grid is used as a background. A blue-bordered white box is centered in the upper half of the image, containing the main title text. The text is in a bold, italicized, black serif font.

***More on Milestone Assessment
Tools: New Tools, New
Adaptations and
Your Feedback a Year Later***

APD Ad Hoc Task Force on
Dermatology Residency
Milestone Tool Development

Erik Stratman

September 13, 2014

Difficulties Encountered by the Clinical Competency Committee

<p>Occasionally able to formulate an appropriate management plan for common disorders but usually needs guidance.</p>	<p>conditions and only occasionally needs guidance for prioritization.</p> <p>Occasionally counsels patients about prevention, disease expectations, treatment, and longitudinal care.</p> <p>Usually able to formulate appropriate management plans for patients with common disorders, including longitudinal continuity care.</p> <p>Usually suggests appropriate specialist consultations.</p>	<p>patients with common disorders and complex disorders with guidance.</p> <p>Consistently makes management decisions for patients with common disorders but usually needs guidance for patients with complex disorders; consistently tailors counseling and management decisions for individual patient needs and preferences.</p> <p>Consistently seeks appropriate specialist consultations.</p>	<p>customizing care the context of patient preferences, overall health, and ability to comply.</p>
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Many Milestones use

Adverbs of Frequency

(Occasionally,
Consistently,
Usually,
Often,
Rarely)

Difficulties Encountered:

Adverbs of Frequency

- Suggests that assessment of that issue is based on multiple measurements.
 - (A single measure cannot answer whether something is always, occasionally, usually, or rarely)
 - We *rarely* had multiple measurements for a given milestone
 - So what resulted???

Alpha Test Conclusions

- Assessing milestones would be easier if CCC could be reviewers of previously collected, meaningful evaluation data that help assess milestone performance
- Existing evaluations were not adequate
- More direct observation of residents is needed in the era of Milestones assessment
- Because of the adverbs of frequency throughout Milestones, without multiple supporting measures, assessing residents using the ACGME milestones document as a stand-alone, all-encompassing evaluation would be very difficult for our program

Creation of an APD Ad Hoc Task Force

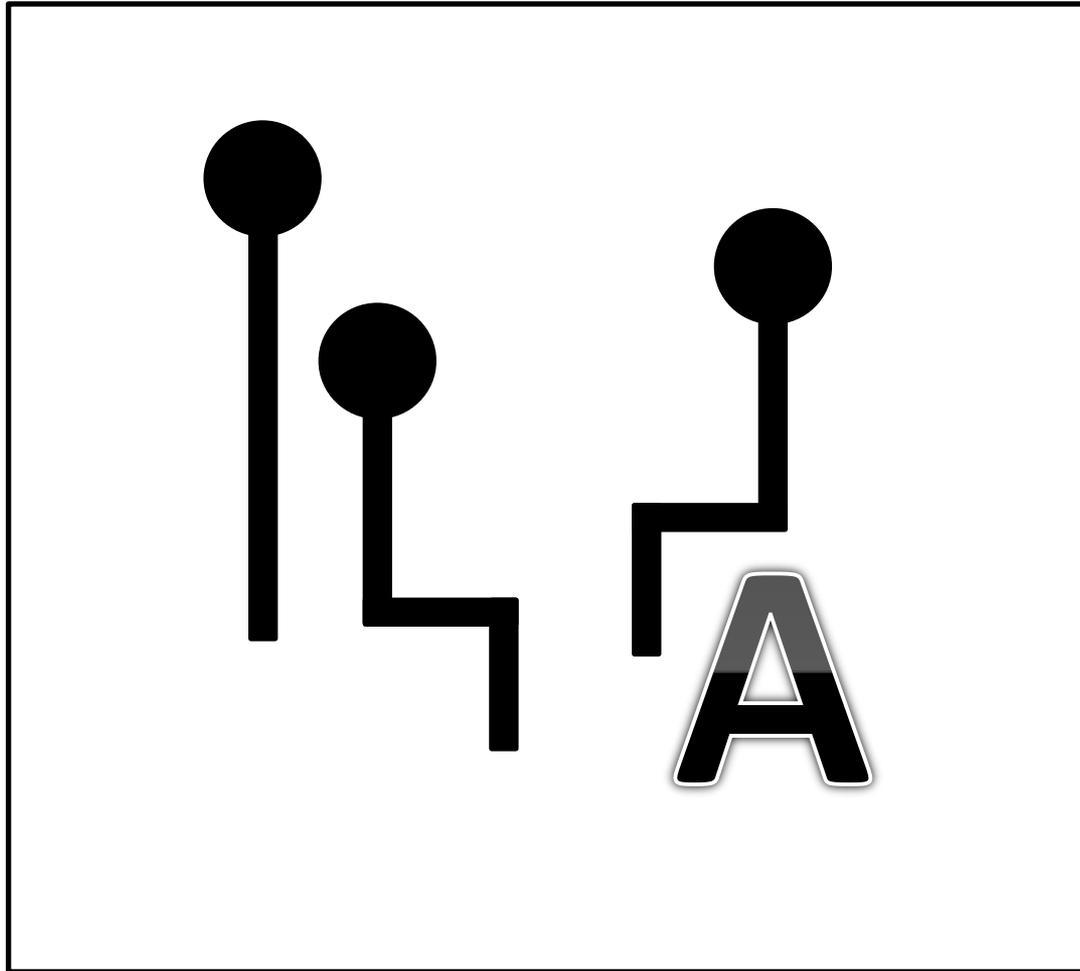
- Proposed idea of a Tool-Maker Group to APD Board of Directors
- Commitment: Create 6 tools that have undergone alpha and beta testing to assist Programs in Milestone Assessment by Annual Meeting of APD
- Provide APD Faculty with instructions, walkthroughs, and hard copies at APD

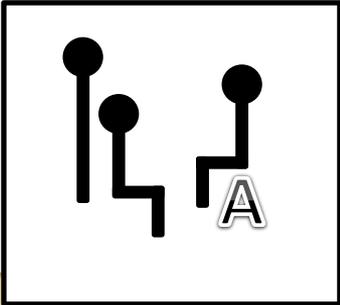
PART 2

Feedback a Year Later on Milestone Assessment Tools:

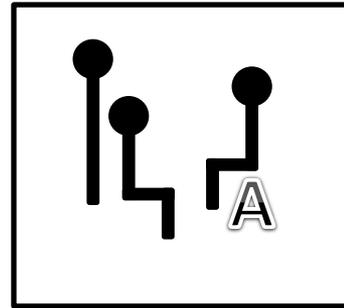
A Product of the APD Ad Hoc Task Force on
Dermatology Residency Milestone Tool Development

Derm Mini CEX



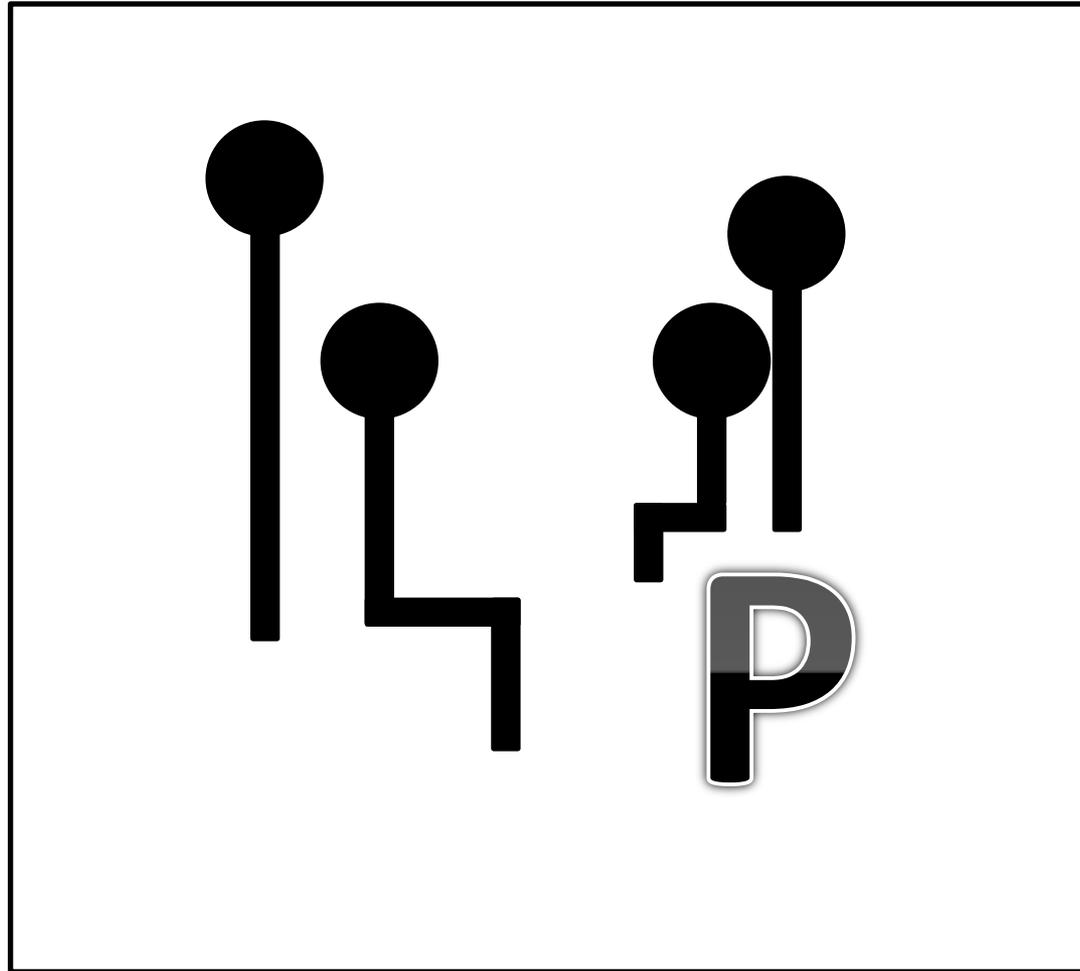


Tips, Tricks, Thoughts

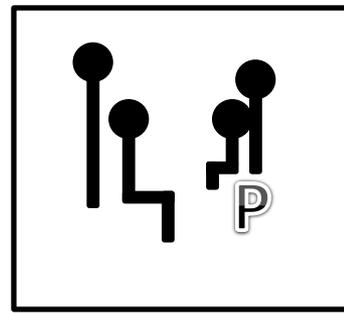


- Before resident enters, slip in to inform patient (“We want to assess residents to make sure they are giving you excellent care. Would you mind if I quietly watch?”)
- First patient of the resident’s clinic is often the best (not yet behind)
- Unbelievably helpful in offering communication-related formative feedback
- More valuable to resident competency-building than assessing their patient presentations to attendings: different skill set assessed.

Peds Derm Mini CEX

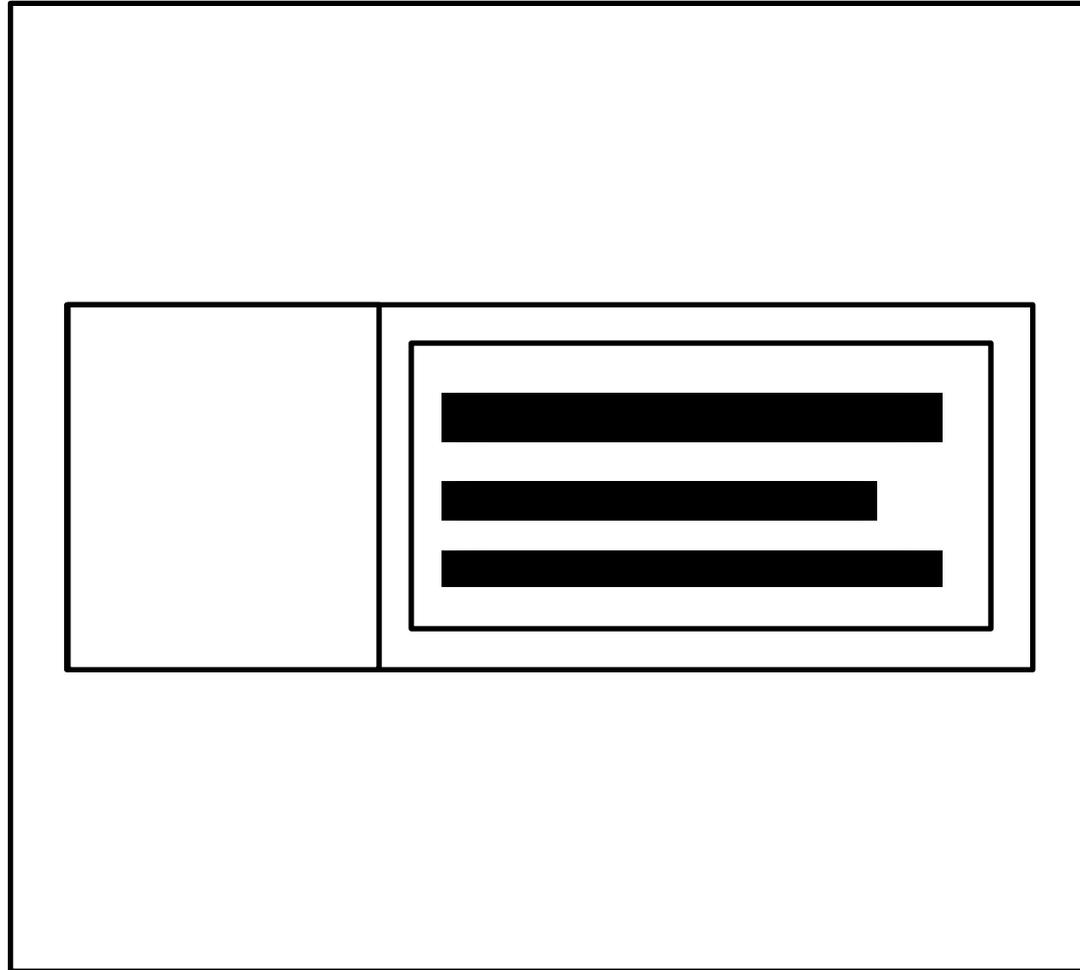


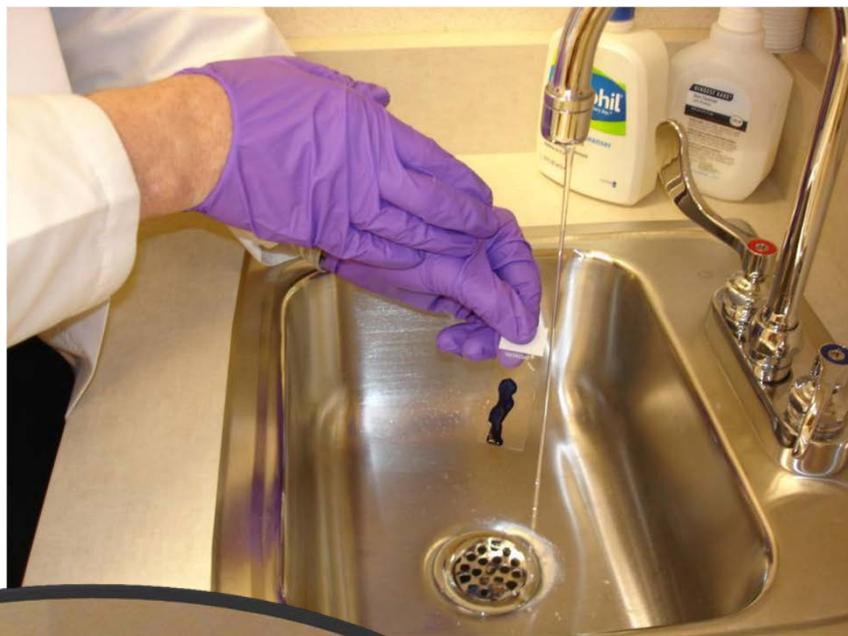
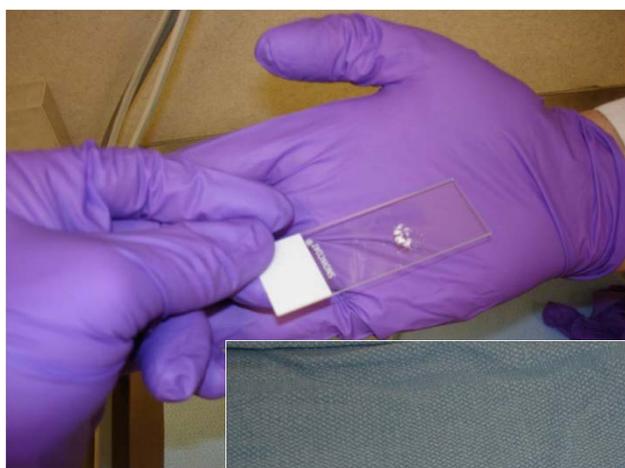
Tips, Tricks, Thoughts



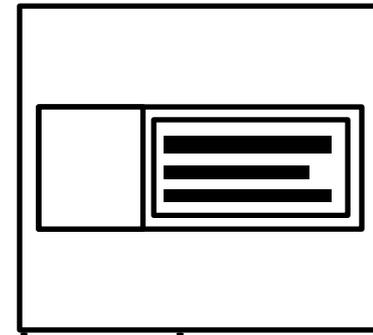
- Try and avoid hijacking the encounter at the first sign of resident struggle or discomfort with parent/child/resident interactions
- Ask parents for permission to observe before your resident goes in; let them know you aren't going to say much at first even though you are present.
- First patients of the resident clinic often works best.
- Good for observing isotretinoin patients

In-Office Diagnostics Evaluation Exercise (IODxEE)



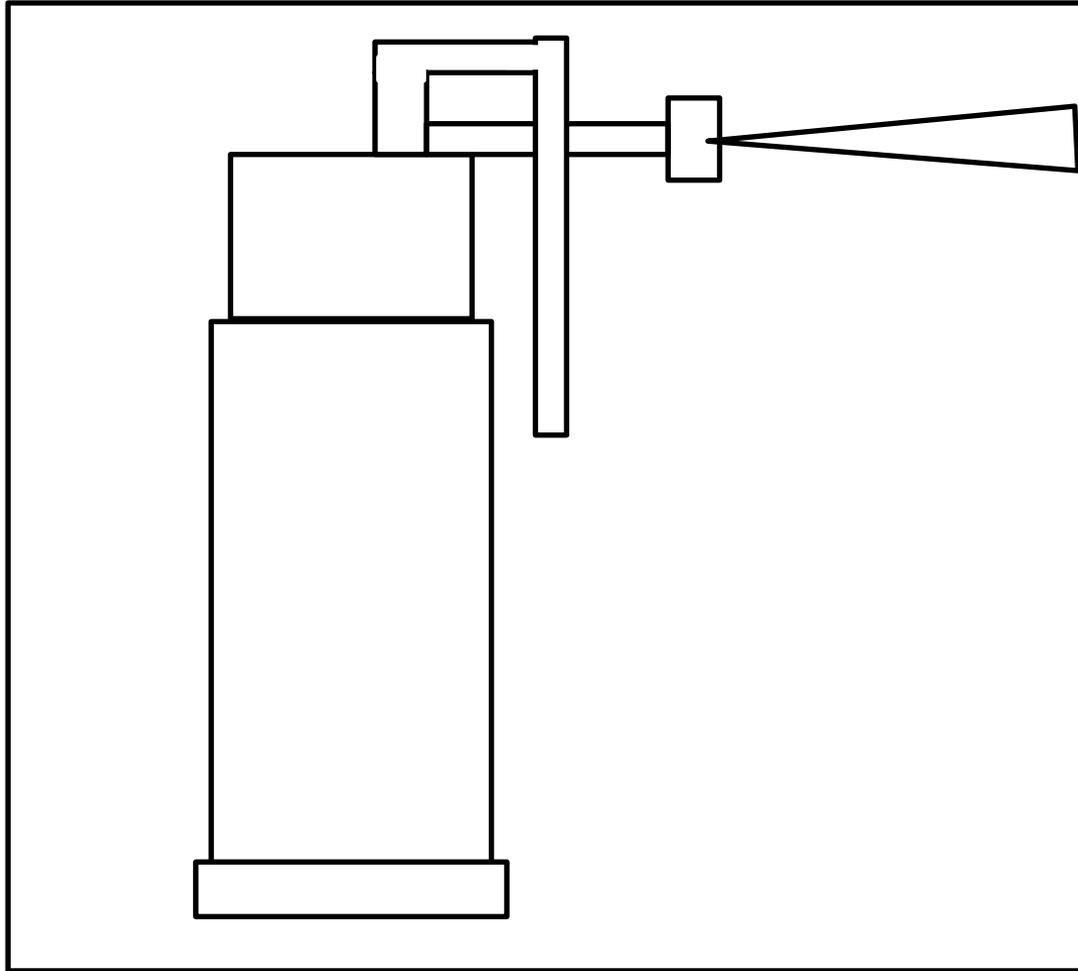


Tips, Tricks, Thoughts

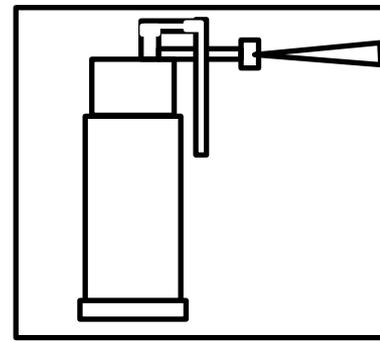


- For this tool, if assessing microscopy-related diagnostic testing, it's important to include the resident's preparation of the microscope slide, not just the interpretation
- This tool is more difficult to predict its use prior to an encounter
- Unbelievably helpful in offering communication-related formative feedback
- Valuable to resident competency-building

In-Office Procedure Evaluation Exercise (IOPEE)



Tips, Tricks, Thoughts

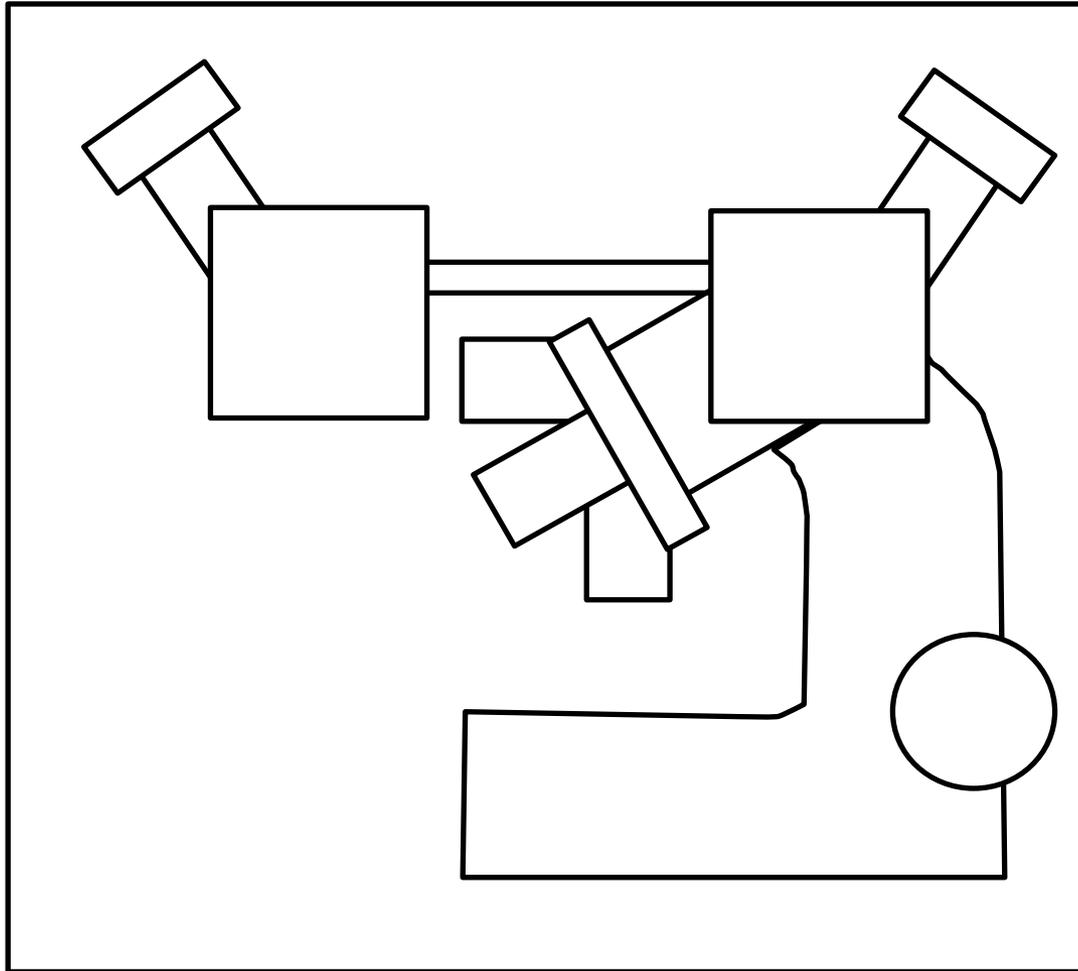


- Choose this tool when the focus of the evaluation is the procedure assessment
- Good way to confirm appropriate time-outs, read-backs, consent, discussion of options.
- Good way to review technical knowledge of laser calibration and function

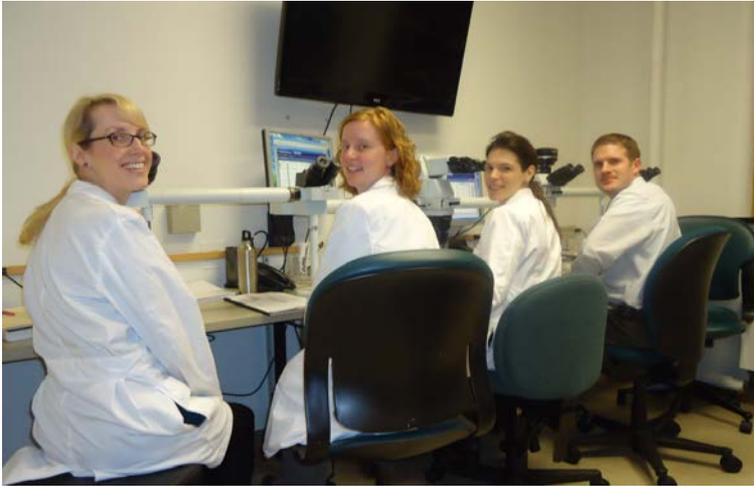
Mini-Dermatopathology Evaluation

Exercise (DPEX)

TYPE 1: Multiple Slide Assessment Session



Mini-DPEX



1. OBSERVE

Mini-Dermatopathology Evaluation Exercise (DPE)
TYPE 1: Multiple Slide Assessment Session

Resident: Smith Derm Yr: 2
Evaluator: Feringer Date: 9-16-13

Complexity of Case(s): Very common Common Uncommon
Case Type(s): Neoplastic Inflammatory

1. Recognizes and Describes Pertinent Pathology (Not observed)

1 Unable to identify or describe histopathologic findings Below Expected 1 st Yr	2 Identifies basic histology of the skin and cell types Beginning Resident Level	3	4 Usually able to recognize and describe the pertinent pathology Junior Resident Level	5 Virtually always able to recognize and describe the pertinent pathology. Identifies some subtle histologic features Senior Resident Level	6
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2. Histologic Differential Diagnosis (Not observed)

1 Unable to provide a histologic differential diagnosis. Below Expected 1 st Yr	2 Able to differentiate neoplastic from inflammatory. Beginning Resident Level	3	4 Can provide a limited histologic differential diagnosis. Aware of histologic mimics. Junior Resident Level	5	6
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Prioritization of Differential Diagnosis Based on Clinical Information

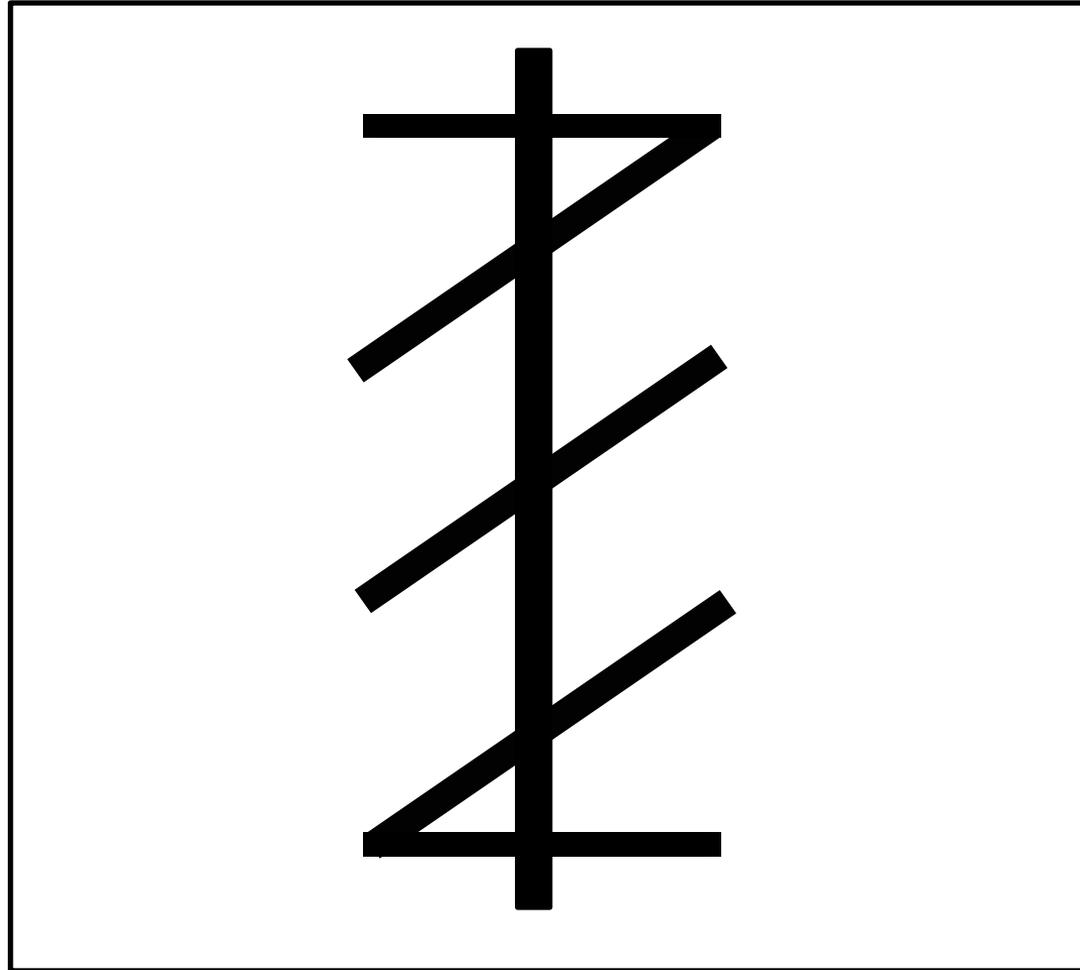
1 Unable to correlate histology with clinical information.	2 Recognizes importance of clinical description in prioritizing histologic differential.	3 Starts to limit the histologic diagnoses in light of the clinical findings. Recognizes importance of biopsy site and technique based on clinical differential.	4 Usually able to correlate histologic findings with clinical information. Recognizes importance of biopsy site and technique based on clinical differential.	5 Virtually always able to correlate histologic findings with clinical information. Recognizes importance of biopsy site and technique based on clinical differential.	6
---	---	---	--	---	---

**2. GRADER
COMPLETES
ASSESSMENT**

Tips, Tricks, and Thoughts

- **Most useful when evaluating resident's review of multiple cases at one setting**
- **Cases reviewed may vary in complexity or type**
- **Not all questions will be relevant in every evaluation**
 - Some cases do not require ancillary studies
 - Obvious cases do not require creation and prioritization of a differential diagnosis
- **Template to provide written and/or verbal feedback to residents on strengths and weaknesses**
- **Incorporate these into resident portfolios**

Simple Excision & Repair Assessment Tool



Evidence-Based Medicine Assessment

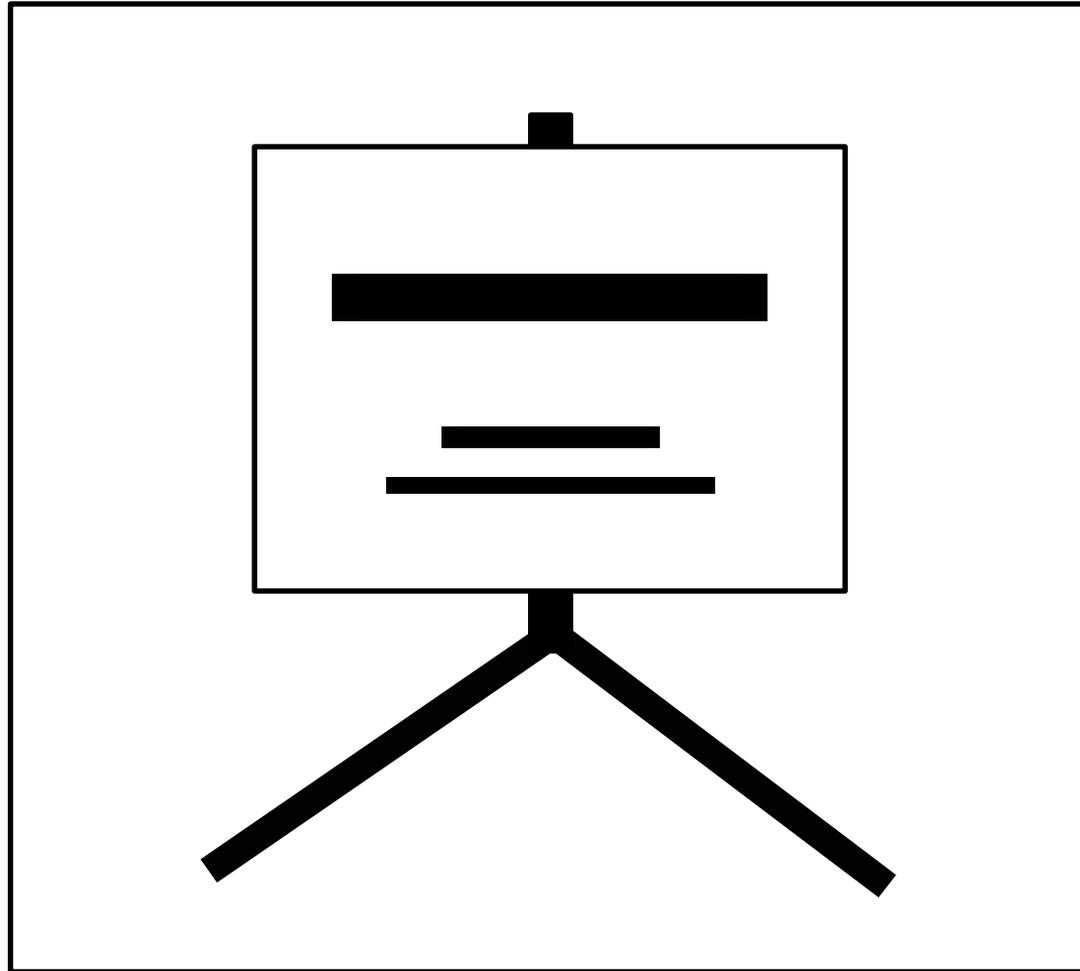


Summary



- EBP is *integration* of evidence and a part of the Milestones
- Goal: develop self-reflective practitioners, critical readers of the literature
- Tool: flexible, pertinent, with feedback

Conference Didactic/Lecture Presentation Assessment



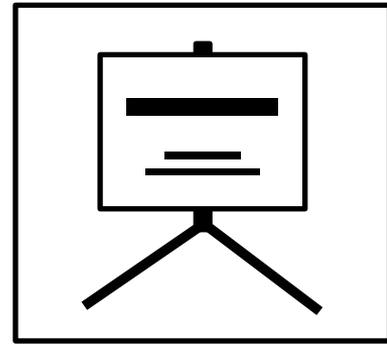


Can work for:

- Small Group Presentations
- Departmental Presentations
- Grand Rounds Presentations
- Interdisciplinary Talks
- Public Service Talks

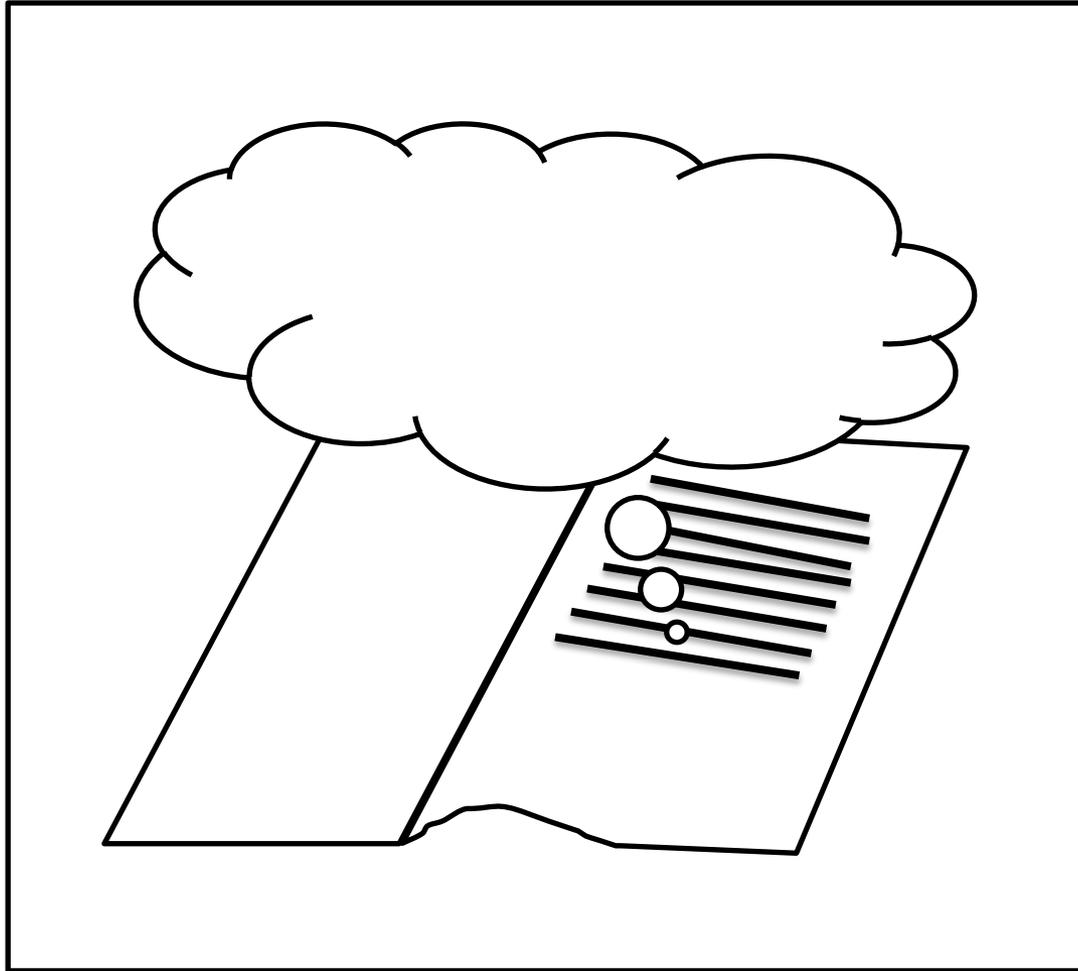


Tips, Tricks, Thoughts

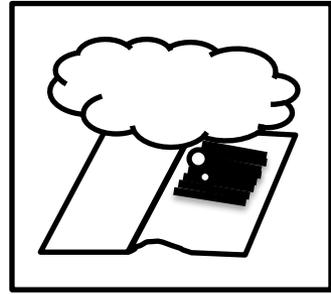


- Let resident know about being evaluated ahead of time
- If an element on the assessment form is not relevant to the particular presentation, please check the “Not Assessed / Not Applicable” box
- Evaluators need to be aware of the grading scale

PROCOM JECA Assessment



Reflective Journal Topics:



1. **Difficult/Unhappy patient**

Ex: Patient is angry that resident is late

2. **Health care disparities**

Ex: Uninsured can't get your 1st therapy due to cost

3. **Personal values challenged**

Ex: Patient pushes for option you think isn't best choice

4. **Challenge due to race/sex/mental status/creed/etc.**

Ex: Mentally challenged became aggressive

5. **Patient required your advocacy**

Ex: You achieved an override of insurance denial for your patient

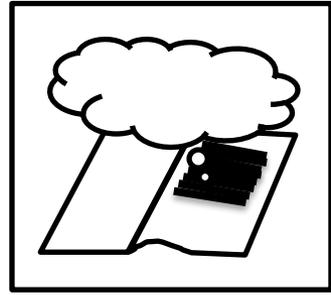
6. **Challenging staff interaction**

Ex: Your medical assistant reported resident for "harmless" teasing.

7. **Communicating emotionally difficult information**

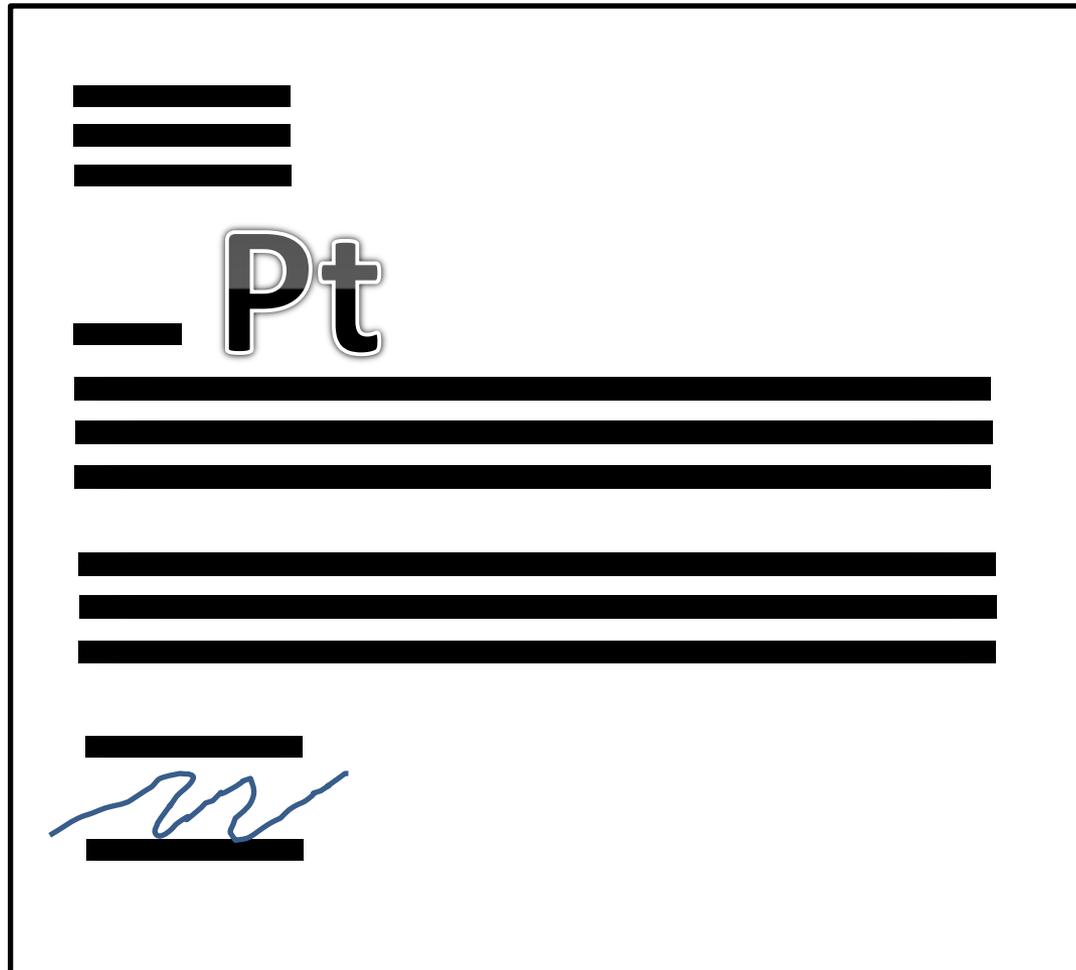
Ex: Melanoma follow-up lymph node exam now positive

Tips, Tricks, and Thoughts

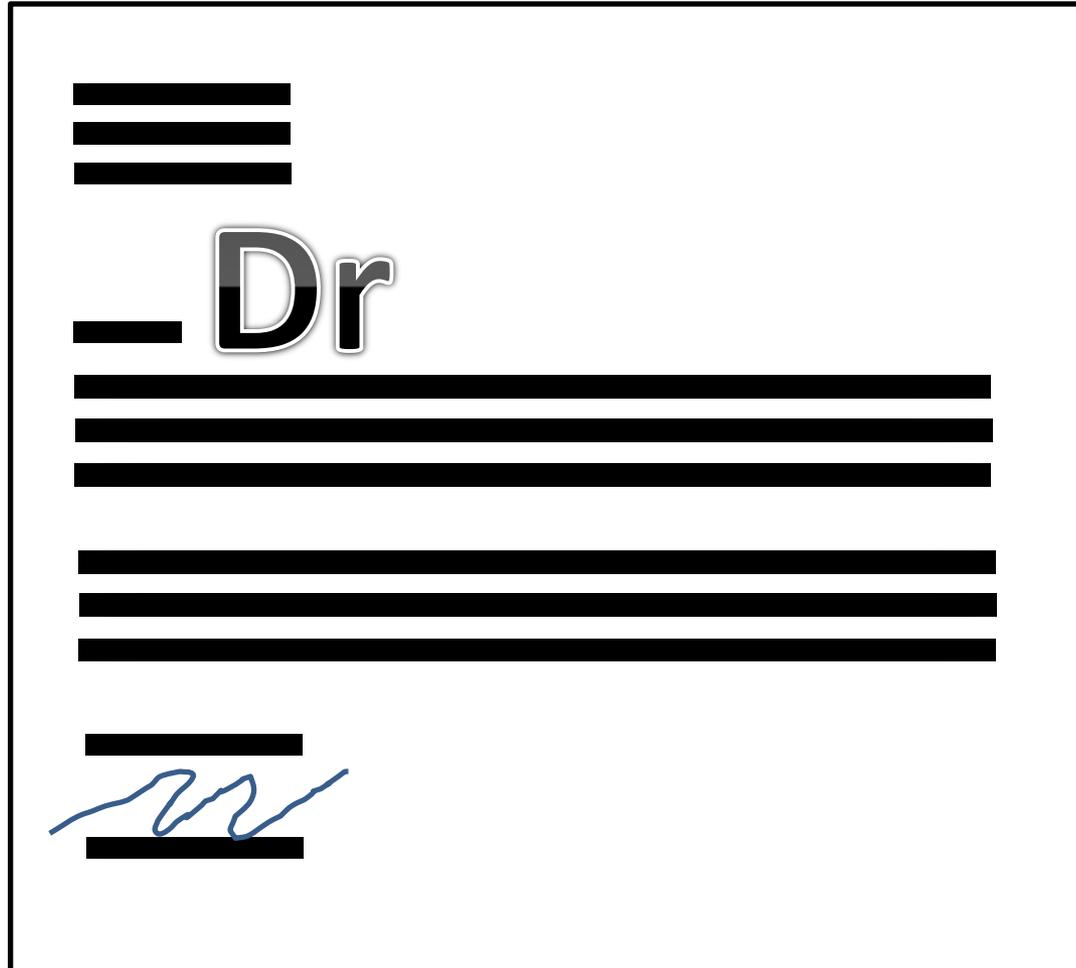


- Give residents **word/length limits**
 - ‘shoot for a half page for your reflective writing’
- Incorporate these into **resident portfolios**
- **Write comments** on reflective writing hard copy
- Easier to grade when assigning one at a time, but tool is designed for multiple entry review
 - Thus not all questions on score card will be answered for each essay completed
 - As more essays are completed, the competency score climbs
- Benefits to **large group discussion**

Patient Letter Assessment



Consultation Letter Assessment



DOB: 09/12/2004

Dear Doctor Mock

Thank you for referring Ima to see me in Dermatology for the bump on his head. It was a difficult exam today as his older brother was in attendance and extraordinarily distracting of dad's attention. Our evaluation was straightforward but the communication was a struggle. Unfortunately, there was no one in attendance who could care for the rambunctious older sibling. This does appear to be a deep-based hemangioma of infancy. Dad was extremely interested in having this excised because of "teasing and questions" from several friends and family.

*mention staff
/ you well
with*

We did our best given the distracted environment to convey to Dad that hemangiomas of infancy typically go through a growth phase most significant in the first month and that depending how the parents treat this lesion there is no major psychological damage to be expected. Fifty percent will resolve to a more flat stage by the age of five years. Given this fact, even if it is nicked or ~~out~~-bumped by accident, we would not expect any serious bleeding requiring emergency health care. While hemangiomas of infancy are extremely vascular, they do not bleed nearly as much as you might think with injury. The child would not be at risk of exsanguination.

Need?

out-bumped

presumptive

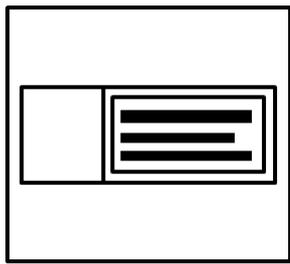
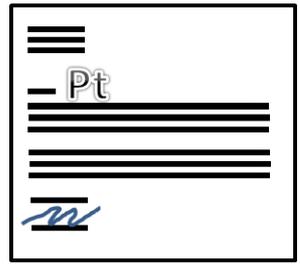
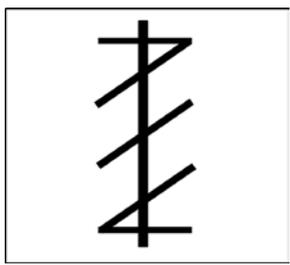
We left him contemplating what further action he would like. We did offer him either consultation in Plastic Surgery, or if they definitely want to seek removal, I would prefer to refer him to the Vascular Lesion Multidisciplinary Clinic in Milwaukee. I suspect they would encourage them not to seek surgical removal of this asymptomatic hemangioma of infancy as well.

Give contact number

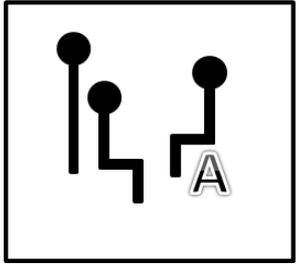
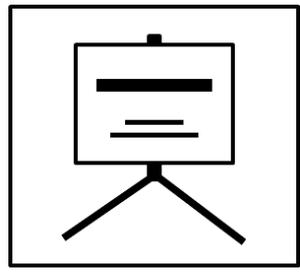
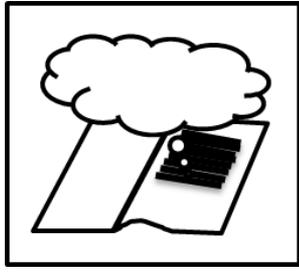
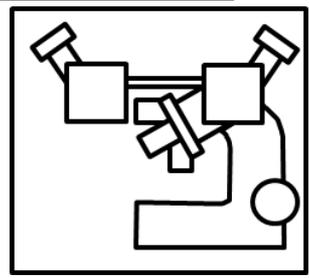
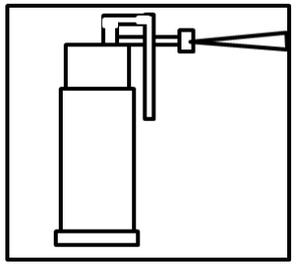
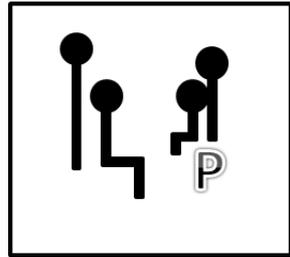
Should you have any questions regarding his care, do not hesitate to call.

*Thank
again*

Sincerely



Tools in the APD Toolbox

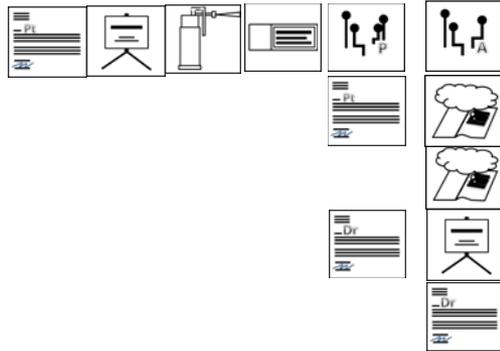


MILESTONES ASSESSMENT FOR DERMATOLOGY RESIDENTS

Tools in the APD Toolbox

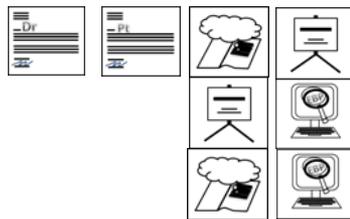
RESIDENT NAME: _____ Circle the Measurement Period:

1	2	3	4	5	6
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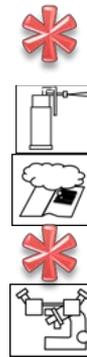
		Beginning Resident			JR Resident		SR Resident		Graduate	Advanced	
		1	2	3	4	5	6	7	8	9	10
IV.1 - IV.5	INTERPERSONAL & COMMUNICATION SKILLS										
	IV.1 Communication and rapport with patients and families	<input type="checkbox"/>									
	IV.2 Having Difficult Conversations	<input type="checkbox"/>									
	IV.3 Team Member Respect & Care Coordination	<input type="checkbox"/>									
	IV.4 Communication & Consultation with Other Physicians	<input type="checkbox"/>									
IV.5 Medical Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:



		1	2	3	4	5	6	7	8	9	10
V.1 - V.3	PROFESSIONALISM										
	V.1 Adheres to basic ethical principles	<input type="checkbox"/>									
	V.2 Committed to life-long learning and improvement	<input type="checkbox"/>									
V.3 Patient care is always the first priority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:



		1	2	3	4	5	6	7	8	9	10
VI.1 - VI.5	SYSTEMS-BASED PRACTICE										
	VI.1 Adapts easily and works effectively in various health care delivery settings and systems	<input type="checkbox"/>									
	VI.2 Works effectively within an interprofessional team	<input type="checkbox"/>									
	VI.3 Improves health care delivery by identifying system errors and implementing potential system solutions	<input type="checkbox"/>									
	VI.4 Advocates for quality patient care and optimal patient care systems	<input type="checkbox"/>									
VI.5 Practices cost-conscious care for patients and populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

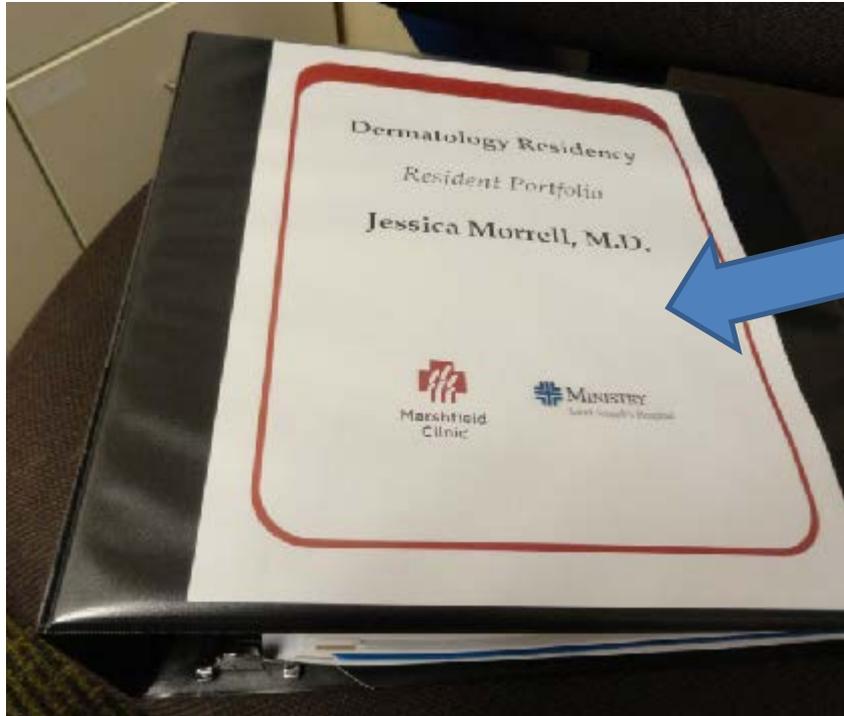
FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

OVERALL FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

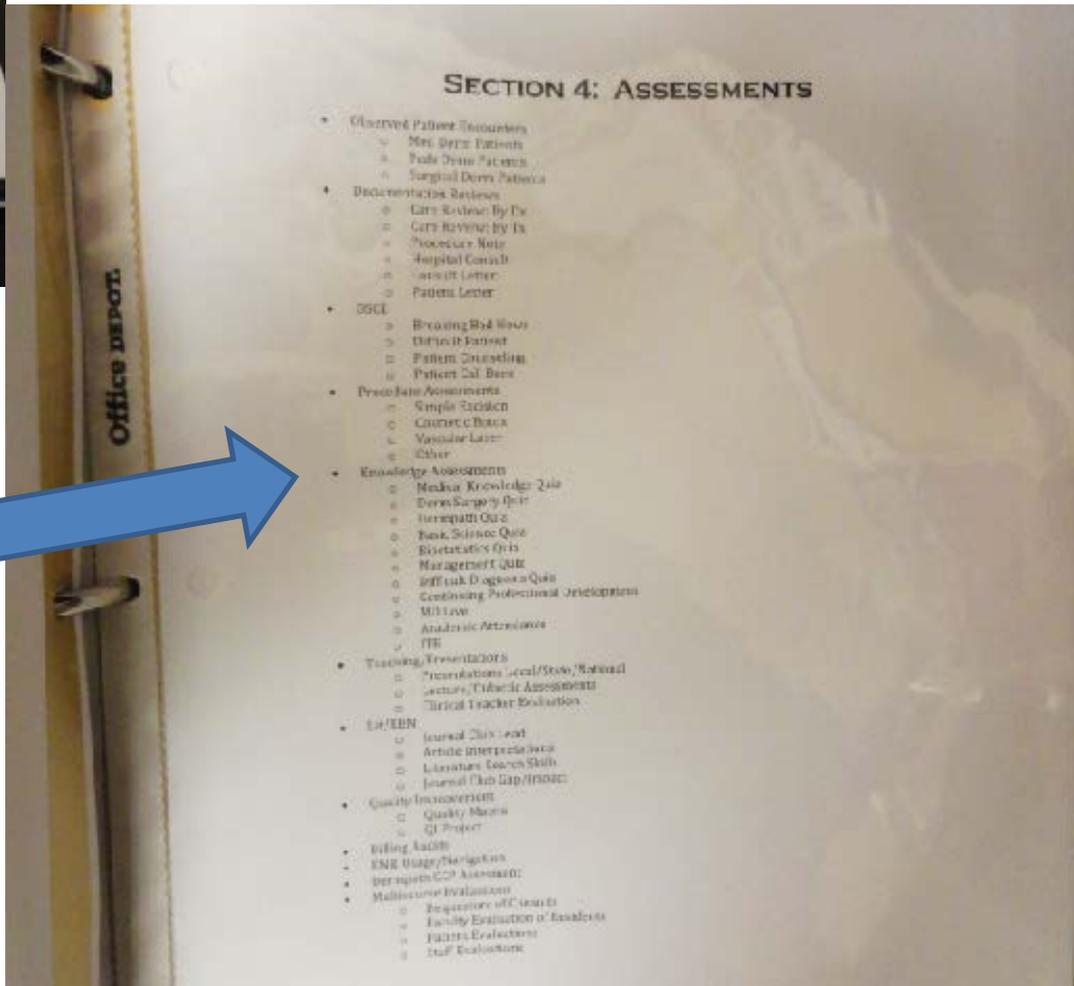


= no current APD Assessment Tool exists to assess this Milestone

Each resident maintains a Resident Portfolio



One major section in the resident portfolio includes program assessments of resident competence



Marshfield Clinic Dermatology
Mini-Clinical Evaluation Exercise (CCE)

Resident: _____ Derm Yr: 3

Evaluator: David Strain Date: 1/2/20

Supervisor: _____

Objective Summary: low

Notes: skin care

1. Quality of Patient History (1-5) Not observed

2. Physical Examination Skills (1-5) Not observed

3. Organization/Efficiency/Disposition (1-5) Not observed

4. Historical Guidelines/Diagnostics/Professionalism (1-5) Not observed

5. Clinical Judgment (1-5) Not observed

6. Counseling Skills (1-5) Not observed

7. In-Office Diagnostic Procedures (1-5) Not observed

8. Overall Clinical Competence (1-5) Not observed

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

Handwritten notes on the left:
 - Need better skills
 - Volume Not best of history
 - Explain talking week
 - Careful re Medical Student Delegation
 - Accuracy of plans
 - When to refer to a doctor
 - Good on diagnosis when correct
 - (R/L) Derm

Handwritten notes on the right:
 - Care Case Discussion Case Numbers

Tools like these APD tools are maintained in the resident portfolio assessment section

What is the purpose of the colored boxes in the left column of each tool?

ASSOCIATION OF PROFESSORS OF DERMATOLOGY

Scenario: _____

I. Structure

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

II. Content

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

COMMENTS

Discussed patient _____

Reviewed by _____

ASSOCIATION OF PROFESSORS OF DERMATOLOGY

Conference Didactic/Lecture Presentation Assessment

Resident: _____ Derm Yr: _____

Evaluator: _____ Date: _____

Topic Complexity: Basic Moderate Complexity Very Complex Topic

Presentation Topic: _____

V.1C Disclosure? Yes No Not Applicable in this Venue **Disclosure Accurate?** Yes No N/A or Unknown

V.2 1. Selection of Relevant Information To Teach (Not assessed / not applicable)

Resident: _____ Evaluator: _____

1 2 3 4 5 6 7 8 9 10

Below Expected 1st Yr Beginning Resident Level Junior Resident Level Senior Resident Performance Ready for Unsupervised Practice Mastery Level

V.3 2. Information Synthesis (Not assessed)

Resident: _____ Evaluator: _____

1 2 3 4 5 6 7 8 9 10

Below Expected 1st Yr Beginning Resident Level Junior Resident Level Senior Resident Performance Ready for Unsupervised Practice Mastery Level

III.1 3. Effective Communication with Audience (Not assessed)

Resident: _____ Evaluator: _____

1 2 3 4 5 6 7 8 9 10

Below Expected 1st Yr Beginning Resident Level Junior Resident Level Senior Resident Performance Ready for Unsupervised Practice Mastery Level

IV.4 4. Respectful of Opinions of Audience (Not observed / not applicable)

Resident: _____ Evaluator: _____

1 2 3 4 5 6 7 8 9 10

Below Expected 1st Yr Beginning Resident Level Junior Resident Level Senior Resident Performance Ready for Unsupervised Practice Mastery Level

III.1 5. Appropriateness of Resources used in creating Presentation (Not assessed)

Resident: _____ Evaluator: _____

1 2 3 4 5 6 7 8 9 10

Below Expected 1st Yr Beginning Resident Level Junior Resident Level Senior Resident Performance Ready for Unsupervised Practice Mastery Level

III.4 6. Use of Digital Images (Not assessed / not applicable)

Resident: _____ Evaluator: _____

1 2 3 4 5 6 7 8 9 10

Below Expected 1st Yr Beginning Resident Level Junior Resident Level Senior Resident Performance Ready for Unsupervised Practice Mastery Level

III.4 7. Signs of Presentation Rehearsal (Not assessed / not applicable)

Resident: _____ Evaluator: _____

1 2 3 4 5 6 7 8 9 10

Below Expected 1st Yr Beginning Resident Level Junior Resident Level Senior Resident Performance Ready for Unsupervised Practice Mastery Level

III.3b 8. Were there signs that the resident incorporated previous presentation feedback into an improved presentation? Yes No Not applicable / Unknown

9. Overall Presentation Competence (Not assessed)

1 2 3 4 5 6 7 8 9 10

Below Expected 1st Yr Beginning Resident Level Junior Resident Level Senior Resident Performance Ready for Unsupervised Practice Mastery Level

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

Left Column colored boxes?

I.1A



Color and Roman

Numeral refer to original ACGME Competencies:

-  Red / I. = PC
-  Orange / II. = MK
-  Yellow / III. = PBLI
-  Green / IV. = ICS
-  Blue / V. = PROF
-  Violet / VI. = SBP

Arabic number

refers to Milestone subsection

Letter refers to Milestone Performance Level *if* one is specifically addressed by the assessment question:

- A = Beginner
- B = Junior Level
- C = Senior Level
- D = Ready to Graduate
- E = Master Level

MILESTONES ASSESSMENT FOR DERMATOLOGY RESIDENTS

RESIDENT NAME: _____ Circle the Measurement Period: 1 2 3 4 5 6

	Beginning Resident			JR Resident		SR Resident		Graduate		Advanced	
	1	2	3	4	5	6	7	8	9	10	
PATIENT CARE											
1.1 Performing History, Examination & Presentation	<input type="checkbox"/>										
1.2 Performing and Interpreting Diagnostic Tests	<input type="checkbox"/>										
1.3 Dermatology: Application and Integration	<input type="checkbox"/>										
1.4 Medical Treatment	<input type="checkbox"/>										

Association of Professors of Dermatology

Mini-Clinical Evaluation Exercise (CEX)

Resident: Morell Derm Yr: 2

Evaluator: Stratman Date: 9-4-13

Encounter Complexity: Low Moderate High

Diagnosis Summary: isotretinoin f/u (midtx)

Focus: Data gathering Exam Diagnosis Therapy Counseling

1. Quality of Patient History (Not observed)

1 Below Expected 1 st Yr	2 Beginning Resident Level	3 Junior Resident Level	4 Junior Resident Level	5 Senior Resident Performance	6 Ready for Unsupervised Practice	7 Mastery Level	8 Mastery Level	9 Mastery Level	10 Mastery Level
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2. Physical Examination Skills (Not observed)

1 Below Expected 1 st Yr	2 Beginning Resident Level	3 Junior Resident Level	4 Junior Resident Level	5 Senior Resident Performance	6 Ready for Unsupervised Practice	7 Mastery Level	8 Mastery Level	9 Mastery Level	10 Mastery Level
--	-------------------------------	----------------------------	----------------------------	----------------------------------	--------------------------------------	--------------------	--------------------	--------------------	---------------------

3. Organization/Efficiency/Presentation to Supervisor (Not observed)

1 Below Expected 1 st Yr	2 Beginning Resident Level	3 Junior Resident Level	4 Junior Resident Level	5 Senior Resident Performance	6 Ready for Unsupervised Practice	7 Mastery Level	8 Mastery Level	9 Mastery Level	10 Mastery Level
--	-------------------------------	----------------------------	----------------------------	----------------------------------	--------------------------------------	--------------------	--------------------	--------------------	---------------------

4. Humanistic Qualities/Demeanor/Professionalism (Not observed)

1 Below Expected 1 st Yr	2 Beginning Resident Level	3 Junior Resident Level	4 Junior Resident Level	5 Senior Resident Performance	6 Ready for Unsupervised Practice	7 Mastery Level	8 Mastery Level	9 Mastery Level	10 Mastery Level
--	-------------------------------	----------------------------	----------------------------	----------------------------------	--------------------------------------	--------------------	--------------------	--------------------	---------------------

Good job incorporating 'Grandson said' (Pills vs. mg)

** Depression + Suicide abdominal pain especially*

Got to ask about depression suicide!!

Face, neck, chest, & back. Need more thorough back exam when pt. lying on shirt

Pre-calculated dose → Good





Residency Coordinator Prepares Scorecard for each resident prior to CCC meeting

MILESTONES ASSESSMENT FOR DERMATOLOGY RESIDENTS

RESIDENT NAME: Sample Senior

Circle the Measurement Period

	1st Resident	82 Resident	63 Resident	44 Resident	25 Resident
PATIENT CARE					
- Performing History, Examination & Presentation					
- Performing and Interpreting Diagnostic Tests					
- Dermatology Application and Integration					
- Medical Treatment					
- Podiatric Treatment					
- Surgical Treatment					
- Diagnosis, Management Decisions & Patient Education					
FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE					
MEDICAL KNOWLEDGE					

MILESTONES ASSESSMENT FOR DERMATOLOGY RESIDENTS

RESIDENT NAME: Sample Senior

Circle the Measurement Period:

1	2	3	4	5	6
---	---	---	---	---	---

Beginning Resident

J1 Resident

SR Resident

Graduate

Advanced

PATIENT CARE	Beginning Resident		J1 Resident		SR Resident		Graduate		Advanced	
	1	2	3	4	5	6	7	8	9	10
11 Performing History, Examination & Presentation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
12 Performing and Interpreting Diagnostic Tests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
13 Dermatopathology Application and Integration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
14 Medical Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
15 Pediatric Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
16 Surgical Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
17 Diagnosis, Management Decisions & Patient Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

MILESTONES ASSESSMENT FOR DERMATOLOGY RESIDENTS

RESIDENT NAME: Sample Senior

Circle the Measurement Period:

1	2	3	4	5	6
---	---	---	---	---	---

Beginning Resident

J1 Resident

SR Resident

Graduate

Advanced

PATIENT CARE	Beginning Resident		J1 Resident		SR Resident		Graduate		Advanced	
	1	2	3	4	5	6	7	8	9	10
11 Performing History, Examination & Presentation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
12 Performing and Interpreting Diagnostic Tests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
13 Dermatopathology Application and Integration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
14 Medical Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
15 Pediatric Treatment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
16 Surgical Treatment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
17 Diagnosis, Management Decisions & Patient Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

Part 3: Four New Tools for the APD Toolbox

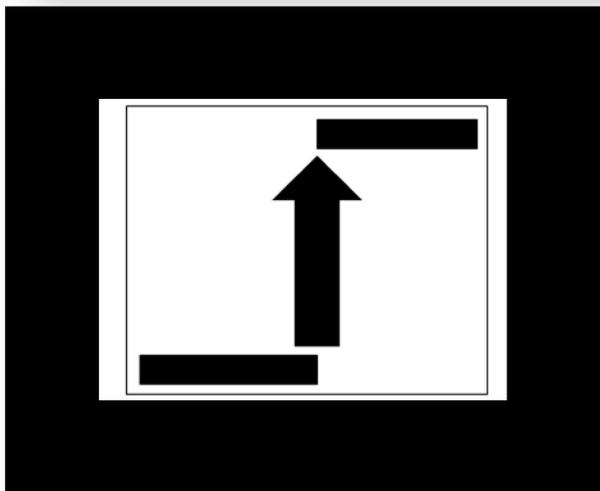
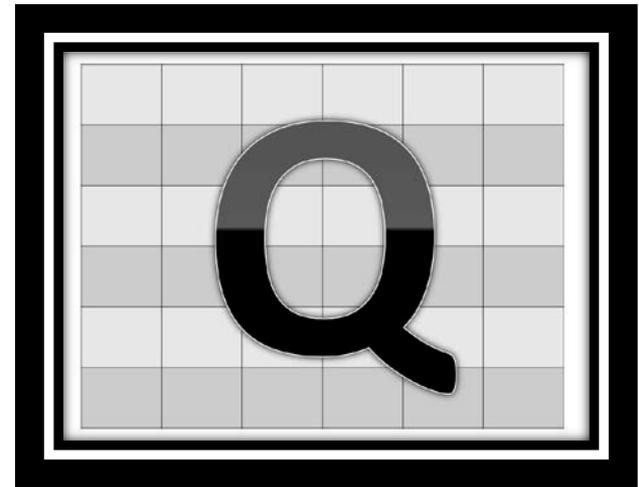
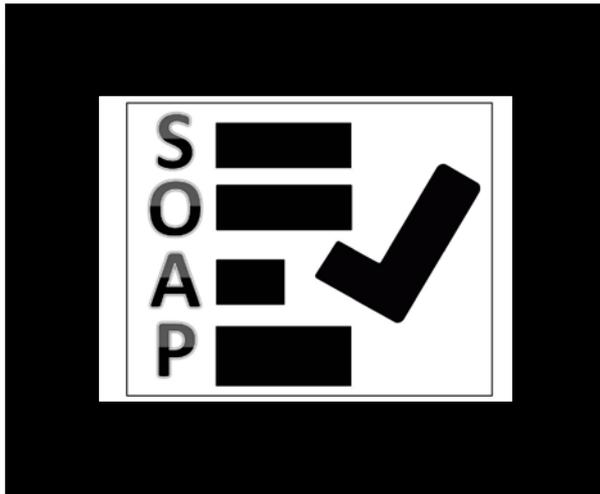


Chart Documentation Review

S



O



A



P

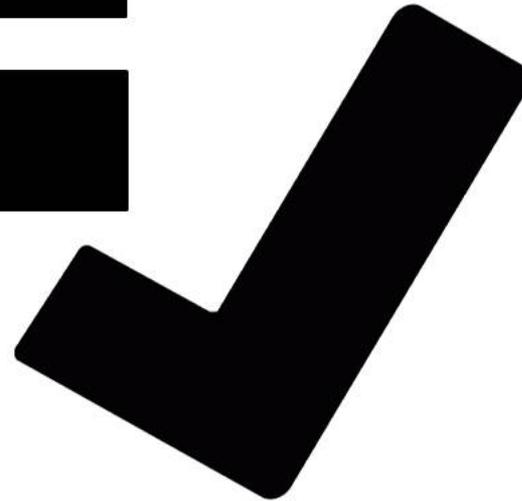
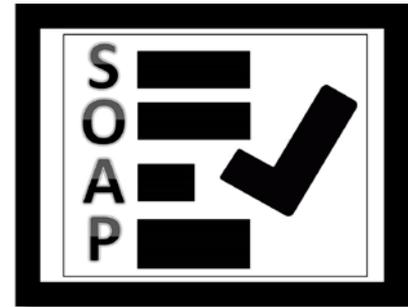


Chart Documentation Review



Association of Professors of Dermatology

Chart Documentation Review

Resident: _____ Derm No: _____
 Evaluator: _____ Date: _____
 Encounter Complexity: Low Moderate High
 Diagnosis Summary: _____
 Focus: Data gathering Exam Assessment Management Quality Care

I1 IV.5	1. Quality of Patient History (<input type="checkbox"/> Not observed)		2. Physical Examination Documentation (<input type="checkbox"/> Not observed)		3. Clinical Judgement (<input type="checkbox"/> Not observed)		4. Therapy Documentation (<input type="checkbox"/> Not observed)		5. Organization of Information / Clarity of Documenting Clinical Thought (<input type="checkbox"/> Not observed)		6. Quality of Care (<input type="checkbox"/> Not assessed / not applicable)		7. Patient-Centered Care (<input type="checkbox"/> Not observed)							
	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
	FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:																			

Patient Care:

- History, Examination and Presentation
- Medical Treatment*
- Diagnosis, Management Decisions & Patient Education*

Interpersonal and Communication Skills:

- Accurate Medical Records

Systems-Based Practice:

- Advocates for quality patient care and optimal patient care systems*

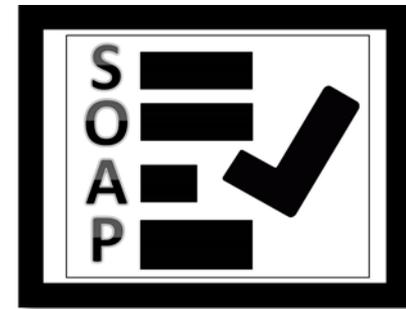
Professionalism:

- Patient care is always the first priority

Practice-Based Learning and Improvement:

- Integrates Quality Improvement Concepts & Activities in Practice

Tool Description



- Attending reviews the resident's care as documented in the medical record. Makes notes of good and improvable.
- Assesses all or just a portion of the note, depending on time available to assess

Focus: Data gathering Exam Assessment Management Quality Care

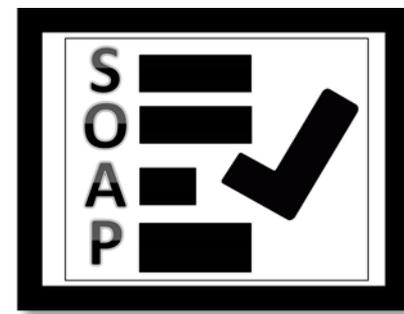
1. Quality of Patient History (Not observed)

Missing key history elements for basic disease	Identifies key history but misses some associated routine ?s	Accurate targeted hx, but misses some associated complex ?s	Difficult-to-obtain or subtle pertinent information recorded	Identifies appropriate and thorough information in complex disease.	Role models documentation of history
1	2 3	4 5	6 7	8	9 10
Below Expected 1 st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level

2. Physical Examination Documentation (Not observed)

Failed to perform key exam for routine skin condition.	Performs principal exam but fails to document exam of associated areas. Errors in morphology usage.	Accurate targeted exam. Correctly describes morphology. Pertinent measurements given	Identifies difficult/subtle exam findings. May not clearly convey subtle findings.	Identifies subtle clinical patterns and examines all associated areas.	Role models documentation of examination.
1	2 3	4 5	6 7	8	9 10
Below Expected 1 st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level

Setting, Assessor, Feedback, Time Estimate



Setting: Primarily outpatient or inpatient dermatology encounters.

Assessor: Any clinical supervising attending. Not required to be in presence of learner

Feedback: Can print EHR and write notes in margins to inform. Works best when attending debriefs about chart observations sometime after assessment occurs

- Identify difference between correction and advice

Time Estimate: 5 minutes to review one encounter.

Notes are written throughout this time.

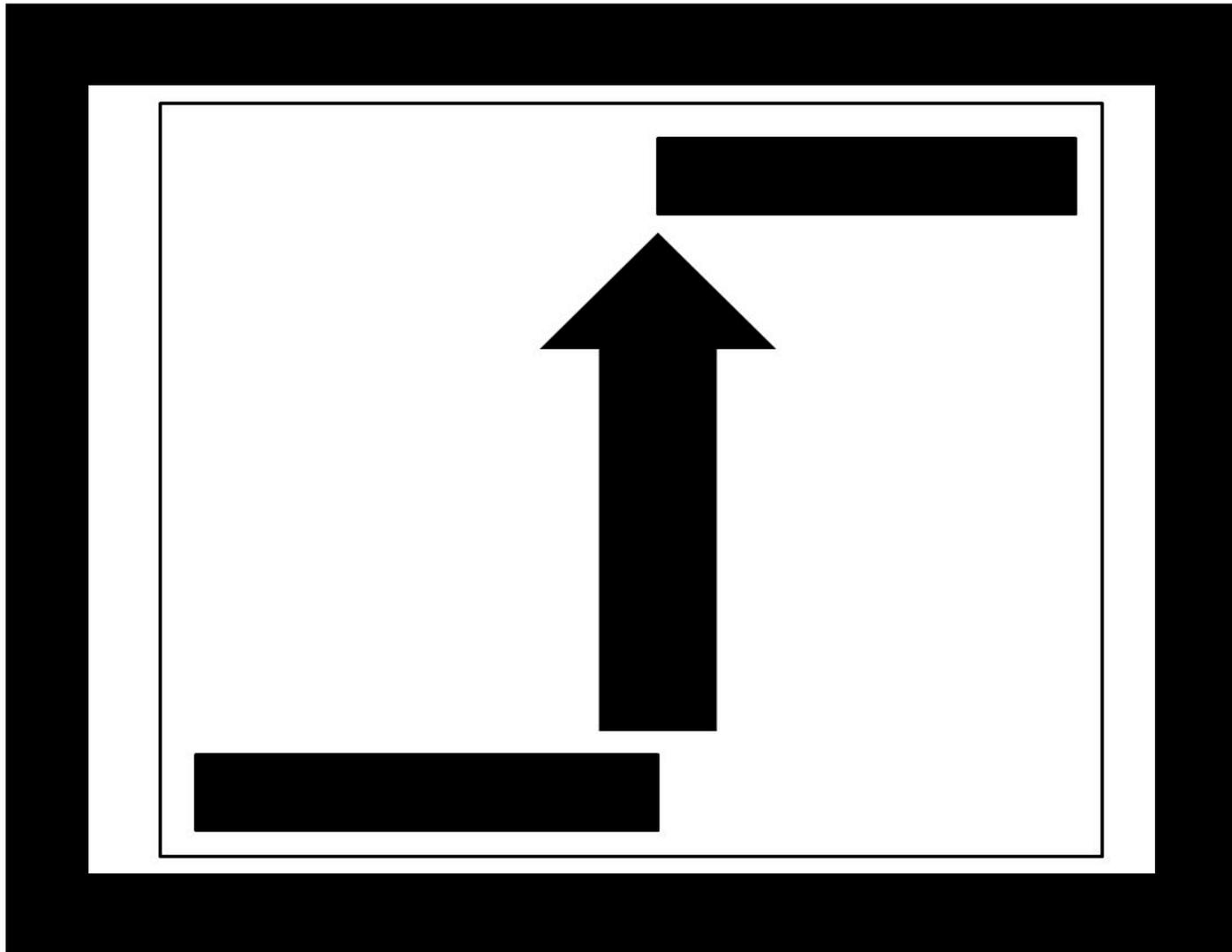
< 5 minutes to provide encounter feedback

Tips, Tricks, Thoughts

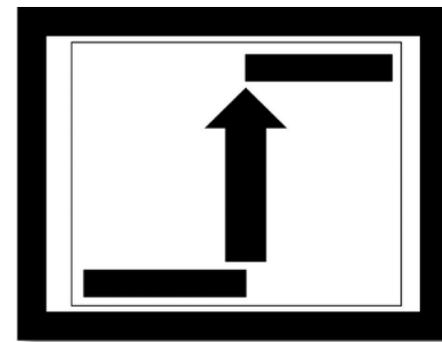


- Start by assigning one to each faculty to get familiar with tool
- A good option for your faculty who just never seem to find the time for direct observation (review instead these 6 resident charts and complete this evaluation)
- Formalizes feedback that may already be occurring.

Journal Club / Grand Rounds Practice Gap Assessment



Journal Club / Grand Rounds Practice Gap Assessment



Association of Professors of Dermatology Resident-Identified Practice Gaps in Journal Club / Grand Rounds

Resident: _____ Derm Yr: _____
 Evaluator: _____ Date(s): _____
 Venue(s): Journal Club Discussion Grand Rounds Discussion Practice Gap Presentation Other(s): _____

V.1a

1A. Assessment Completed by Due Date No Yes
 1B. Presentation Clearly Communicated No Yes Not Applicable
 1C. Writing Clearly Communicated No Yes Not Applicable

FOCUS 1

2. Evidence of Identifying Professional Practice Gaps and Proposing Their Closure

2A. Identifies Professional Practice Gap

Identified gap per triggering article but no attempt at discussion or analysis of practice gap.	Identified gap per triggering article, but did not discuss or analyze practice gap.	Identified gap per triggering article and analyzed practice gap, but did not propose a solution.	Identified gap per triggering article and analyzed practice gap, and proposed a solution.	Identified gap per triggering article and analyzed practice gap, and proposed a solution, and discussed the solution.	Identified gap per triggering article and analyzed practice gap, and proposed a solution, and discussed the solution, and proposed a solution.
1	2	3	4	5	6
7	8	9	10	11	12

FOCUS 2

2B. Identifies Reasons for the Practice Gap

Unable to identify or propose reason for change.	Propose reasons for practice gap, essentially verbally.	Correctly identify reasons for practice gap, but not discuss or analyze different reasons for gap.	Correctly identify reasons for gap including own understanding of barriers to practice gap.	Correctly identify reasons for gap, include some that demonstrate use of self-advocacy.	Correctly identify reasons for gap, include some that demonstrate use of self-advocacy, and patient concerns.
1	2	3	4	5	6
7	8	9	10	11	12

FOCUS 3

2C. Identifies Ways to Potentially Close the Practice Gap

Unable to identify or propose way to close a practice gap.	Propose ways to close practice gap, but not discuss or analyze why.	Propose ways to close practice gap, and discuss or analyze why.	Propose ways to close practice gap, and discuss or analyze why, and propose a solution.	Propose ways to close practice gap, and discuss or analyze why, and propose a solution, and discuss the solution.	Propose ways to close practice gap, and discuss or analyze why, and propose a solution, and discuss the solution, and propose a solution.
1	2	3	4	5	6
7	8	9	10	11	12

FOCUS 4

2D. Identifies Barriers to Closing the Practice Gap

Unable to identify barriers.	Some barriers identified.	Multiple barriers identified, many of which are patient-related.	Multiple barriers identified, many of which are patient-related, and discuss or analyze why.	Multiple barriers identified, many of which are patient-related, and discuss or analyze why, and propose a solution.	Multiple barriers identified, many of which are patient-related, and discuss or analyze why, and propose a solution, and discuss the solution.
1	2	3	4	5	6
7	8	9	10	11	12

3. OVERALL PRACTICE GAP COMPETENCY ASSESSMENT

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

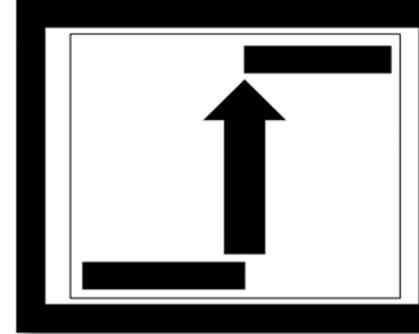
Practice-Based Learning and Improvement:

- Continuously improves through self-assessment of competence
- Integrates Quality Improvement Concepts & Activities in Practice

Professionalism:

- Adheres to basic ethical principles (getting assignments done on time)

Tool Description



- Attending regularly reviews the resident's collection of monthly practice gaps suggested by some articles reviewed in Journal Club or suggested by some discussions occurring during Grand Rounds.

PBLI2/ L3	2C. Identifies Ways to Potentially Close the Practice Gap										
	Unable to express or propose any action to close a practice gap	Relies heavily on only formal education when addressing most practice gaps.		Includes multiple strategies to close practice gap, often unable to connect strategy to local population.		Includes multiple strategies to close practice gap. Able to discuss relevant general local measures to close a gap		Thoroughly explores various ways to close practice gaps. Specific local measures that could close the gap are discussed		Specific local measures that could close the gap are explored and acted upon to potentially close the gap	
	1	2	3	4	5	6	7	8	9	10	
	Below Expected 1 st Yr	Beginning Resident Level		Junior Resident Level		Senior Resident Performance		Ready for Unsupervised Practice		Mastery Level	
PBLI2/ L3	2D. Identifies Barriers to Closing the Practice Gap										
	Unable to identify barriers	Some obvious barriers are not identified		Multiple barriers are identified, many of which are global or not specific to local environment		Most barriers are identified. Able to propose in global terms ways to address some of the barriers		Barriers are adequately identified and discussed in context of the local environment. Some global and locally-specific barrier reduction measures explored		Specific local measures are taken to reduce barriers to overcoming a practice gap	
	1	2	3	4	5	6	7	8	9	10	
	Below Expected 1 st Yr	Beginning Resident Level		Junior Resident Level		Senior Resident Performance		Ready for Unsupervised Practice		Mastery Level	

What do the residents complete? Gap Worksheet

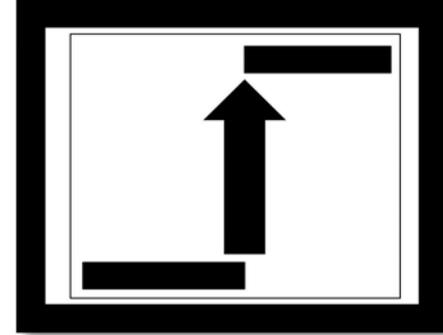
JOURNAL REVIEW / GRAND ROUNDS PRACTICE GAP WORKSHEET

Resident Name: _____

Grand Rounds Date: _____

Practice Gaps	Changes in Practice to Overcome Gap	Barriers to Making this Change
Journal Review		
Grand Rounds Patient Discussion		

Setting, Assessor, Feedback, Time Estimate



Setting: Journal Club, Grand Rounds

Assessor: Any attending assigned to review the portfolio contents. Typically NOT done real time with Journal Club. Several months can be batched.

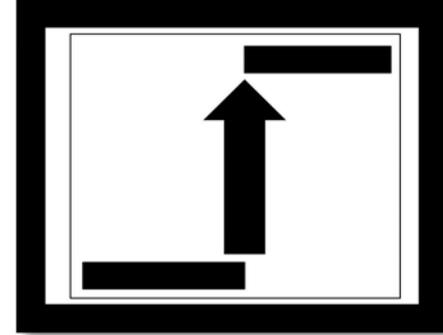
Feedback: Can write notes in margins of gap worksheets to inform. Can provide just written feedback through notes and eval form. Debrief with learner afterwards ideal.

Time Estimate: 5 minutes to review one month's journal club / grand rounds practice gap entry.

5 minutes to complete evaluation form.

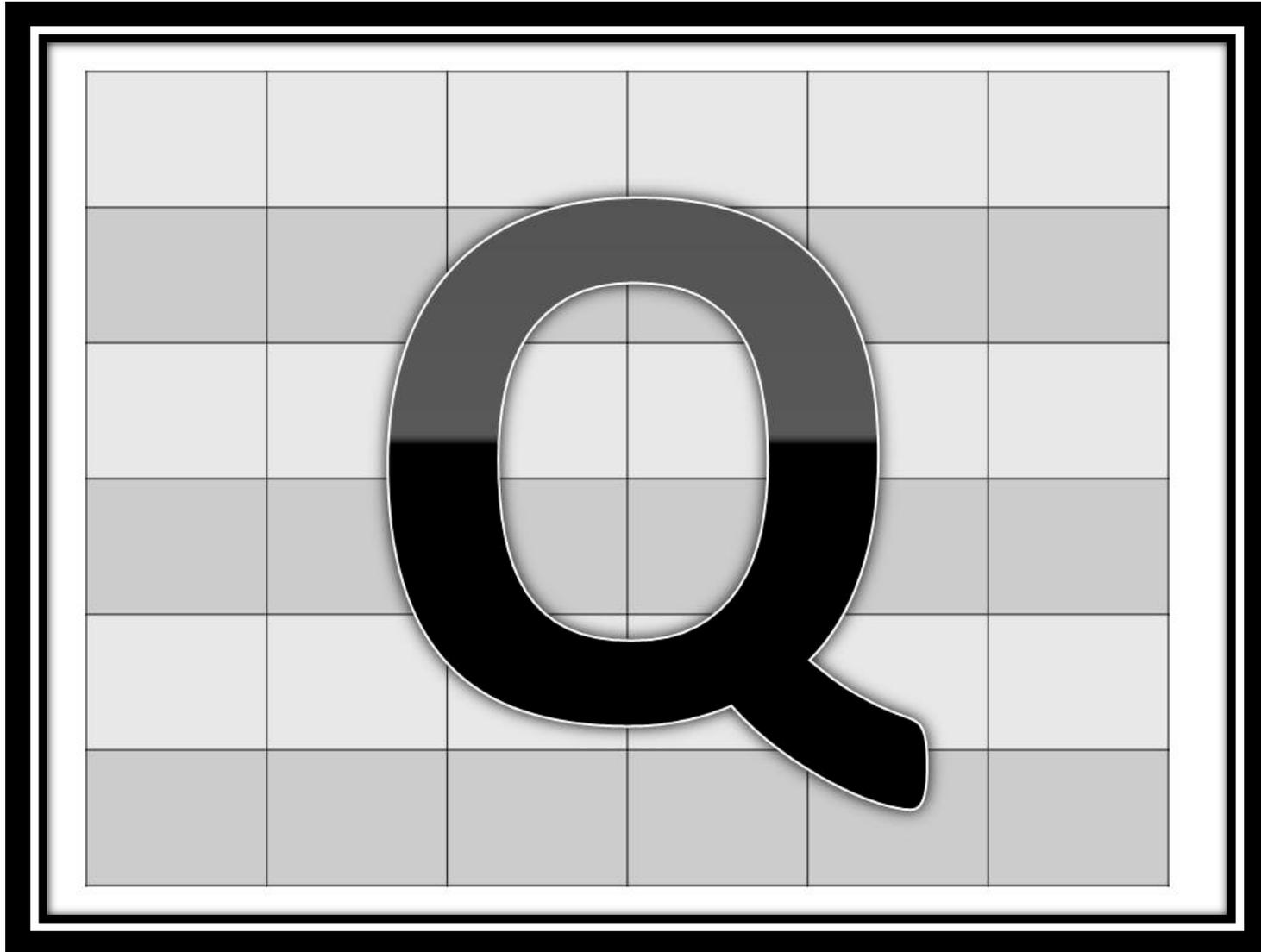
< 5 minutes to provide encounter feedback

Tips, Tricks, Thoughts



- Good way to integrate (and document) “QI thinking” into your residency through literature review
- Reviewing these in 6 month batches is not onerous, provides residents with more time to reflect on significance.
- Don’t require minimums, but point out when a big gap-related article was missed.
- These can sometimes be the basis for local QI projects

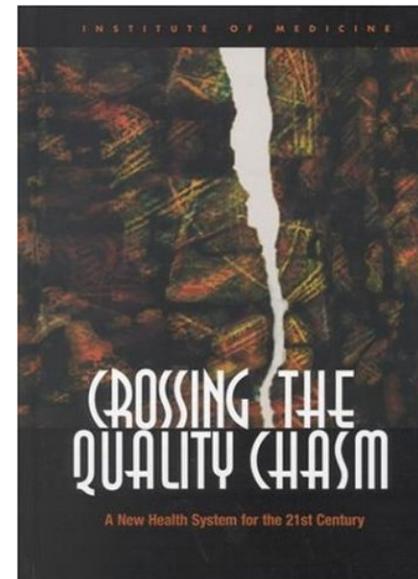
Quality Matrix Review



The Matrix

The Healthcare Matrix was inspired by the 2001 IOM report *Crossing the Quality Chasm*, which states that there is a chasm between the healthcare that providers now provide and the healthcare that they are capable of providing

Bingham JW, Quinn DC, et al. Using a healthcare matrix to assess patient care in terms of aims for improvement and core competencies. *Jt Comm J Qual Patient Saf.* 2005 Feb;31(2):98-105.



What is the Quality Matrix?

Patient Healthcare Matrix: Care of Patient with....						
Competencies	AIMS SAFE ^[1] (Overuse, underuse, misuse)	TIMELY ^[1] (Delay in hrs, days weeks)	EFFECTIVE ^[1] (Outcomes, Evidence-based care)	EFFICIENT ^[1] (Waste of resources)	EQUITABLE ^[1] (Gender, ethnicity, race, SES)	PATIENT-CENTERED ^[1] (Preference, needs, values)
Assessment of Care						
PATIENT CARE ^[xii] (Overall Assessment) Yes/No						
MEDICAL KNOWLEDGE and SKILLS ^[viii] (What must we know?)						
INTERPERSONAL AND COMMUNICATION SKILLS ^[ix] (What must we say?)						
PROFESSIONALISM ^[x] (How must we behave?)						
SYSTEM-BASED PRACTICE ^[xi] (What is the process? On whom do we depend? Who depends on us?)						
Improvement						
PRACTICE-BASED LEARNING AND IMPROVEMENT ^[xiii] (What have we learned? What will we improve?)						
© 2004						

Resident Completes Case-Triggering Matrix Based on an Error or Near Miss

Assessment of Care	SAFE (Overuse, Underuse, Misuse)	TIMELY (Delay in hours, days, weeks)	EFFECTIVE (Outcomes, Evidence-Based Care)	EFFICIENT (Waste of Resources)	EQUITABLE (Race, Ethnicity, Gender, SES)	PATIENT-CENTERED (Preference, Needs, Values)
I. Patient Care	No	No	No	No	Yes	Yes
II. Medical Knowledge and Skills	Provider ignorance of lower leg prophylactic antibiotic guidelines for prophylaxis	Patient received antibiotics for wound infection but no antibiotics given prophylactically	Consensus guidelines from Mayo Clinic not followed. These are the standard of care for skin surgery prophylaxis			
IV. Interpersonal and Communication Skills				Afterhours calls, unnecessary resource utilization with urgent care dermatology visits, transitions of care.		
V. Professionalism						
VI. Systems-Based Practice			No pre-procedural checklist to determine if patient needs pre-operative antibiotics for leg procedures			

The Matrix

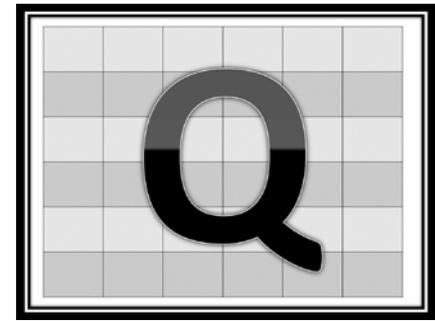
Once analysis is completed, we must identify:

What was learned from the care

What needs to be improved

- forces the users to “*close the loop*”
- if no improvements are identified on the bottom line of the Matrix, there is a glaring reminder that these problems will happen again.

Quality Matrix Review



**Association of Professors of Dermatology
QUALITY MATRIX ASSESSMENT FORM**

Resident: _____ Derm. Yr: _____

Evaluator: _____ Date(s): _____

Matrix Topic: _____

V.1: 1A. Assigned Completed: By Due Date Yes No | 1B. Topic Selected: Appropriate for a Matrix? Yes No | 1C. Outcome Clearly Communicated: (Student / Preceptor) Yes No

2. Executing a Successful Quality Matrix

2A. Correctly assigns IOM Categories

Interpret problems used to define IOM and Core Competencies	Identify problems in each section and assign correct attribution to appropriate IOM category & Core Competency	Correctly assign IOM categories to each section and Core Competency	Questions and Data/Global Feedback to the IOM categories	Multiple IOM categories used and thoroughly explained for each case	Results effectively integrated and discussed applying to address the attributed IOM categories for a given case				
1	2	3	4	5	6	7	8	9	10
Not Ready for Practice	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level				

2B. Correctly assigns ACGME Competencies

Interpret problems used to define ACGME & Core Competencies	Identify problems in each section and assign correct attribution to appropriate ACGME category & Core Competency	Correctly assign ACGME categories to each section and Core Competency	Questions and Data/Global Feedback to the ACGME categories	Multiple ACGME categories used and thoroughly explained for each case	Results effectively integrated and discussed applying to address the attributed ACGME categories for a given case				
1	2	3	4	5	6	7	8	9	10
Not Ready for Practice	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level				

2C. Creates a Reasonable Plan to Address the Local Quality Gap

Local Learner or Preceptor defines the issue and defines the problem and the plan	Plan is presented that could address the issue and includes appropriate strategies for implementation	Includes multiple strategies to address the issue and includes a plan for implementation	Questions and Data/Global Feedback to the plan	Thoroughly explains various ways to address the issue and includes a plan for implementation	Results effectively integrated and discussed applying to address the issue and the plan				
1	2	3	4	5	6	7	8	9	10
Not Ready for Practice	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level				

2D. Identifying Stakeholders Involved in the Quality Gap

Local Learner or Preceptor identifies stakeholder	Stakeholders are identified and included in the plan	Multiple stakeholders are identified and included in the plan	Questions and Data/Global Feedback to the stakeholders	Stakeholders are identified and included in the plan and explained for each case	Results effectively integrated and discussed applying to address the issue and the stakeholders				
1	2	3	4	5	6	7	8	9	10
Not Ready for Practice	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level				

2E. Quality Matrix Follow-Through

Local Learner or Preceptor follows through on the plan	Plan is followed through and the issue is resolved	Plan is followed through and the issue is resolved and the plan is updated	Questions and Data/Global Feedback to the plan	Plan is followed through and the issue is resolved and the plan is updated and explained for each case	Results effectively integrated and discussed applying to address the issue and the plan				
1	2	3	4	5	6	7	8	9	10
Not Ready for Practice	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level				

3. OVERALL QUALITY MATRIX COMPETENCY ASSESSMENT

1	2	3	4	5	6	7	8	9	10
Not Ready for Practice	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level				

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

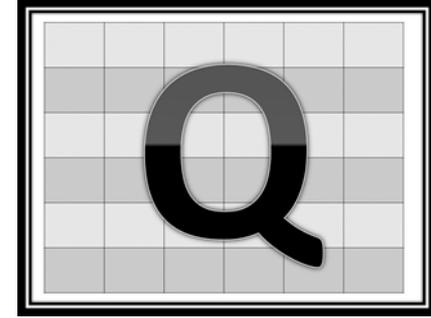
Practice-Based Learning and Improvement:

- Integrates Quality Improvement Concepts & Activities in Practice
- Continuously improves through self-assessment of competence

Professionalism:

- Adheres to basic ethical principles (getting assignments done on time)

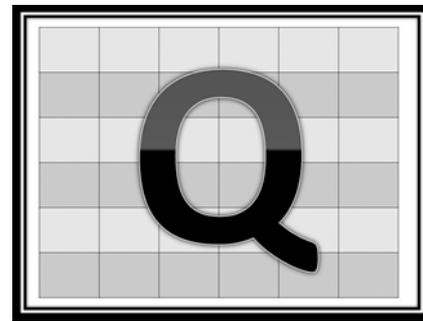
Tool Description



- Attending reviews the resident's M&M presentation delivered in the format of a Quality Matrix, including follow-up.
- Assesses various aspects of the resident's Quality Matrix

<p>PBLI2/ L3</p>	<p>2C. Creates a Reasonable Plan to Address the Local Quality Gap</p>									
<p>Unable to express or propose any action to close a quality of care practice gap</p>	<p>Plan is proposed that could address some aspects of care gap. Plan will not likely eliminate entire problem or not feasible from the start</p>	<p>Includes multiple unrealistic strategies to close practice gap, often unable to connect strategy to local environment.</p>	<p>Includes multiple strategies to close practice gap, and most are feasible. Able to discuss relevant local measures to close a quality care gap</p>	<p>Thoroughly explores various ways to close quality gaps. Specific feasible local measures that could close the gap are proposed</p>	<p>Specific local measures that could close the gap are explored prior to discussing matrix</p>					
<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>	<p>6</p>	<p>7</p>	<p>8</p>	<p>9</p>	<p>10</p>	
<p>Below Expected 1st Yr</p>	<p>Beginning Resident Level</p>		<p>Junior Resident Level</p>		<p>Senior Resident Performance</p>		<p>Ready for Unsupervised Practice</p>		<p>Mastery Level</p>	
<p>PBLI3/ L2</p>	<p>2D. Identifying Stakeholders Involved in the Quality Gap</p>									
<p>Unable to identify stakeholder</p>	<p>Some obvious stakeholders are not identified</p>	<p>Multiple stakeholders are identified, many of which are not specific to local environment</p>	<p>Most stakeholders are identified. Able to propose in global terms ways to communicate with some of the stakeholders about the proposed plan</p>	<p>Stakeholders are adequately identified in the local environment. Some locally-specific stakeholders have been contacted to explore solutions</p>	<p>Specific local leadership actions are taken to overcome the quality care gap</p>					
<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>	<p>6</p>	<p>7</p>	<p>8</p>	<p>9</p>	<p>10</p>	
<p>Below Expected 1st Yr</p>	<p>Beginning Resident Level</p>		<p>Junior Resident Level</p>		<p>Senior Resident Performance</p>		<p>Ready for Unsupervised Practice</p>		<p>Mastery Level</p>	
<p>PBLI3/ L3</p>	<p>2E. Quality Matrix Follow-Through</p>									
<p>No follow through</p>	<p>Plan follow-through requires significant reliance on others to accomplish. Behind the scenes 'following the course'</p>	<p>Some effort identified to take leadership, but still requires the work of others to accomplish change. Relies on others to 'keep the ball rolling'</p>	<p>Consistent follow-through with trying to impact change through plan implementation, including. Progress paused or stopped when barriers encountered. Takes some project ownership</p>	<p>Takes ownership of project with consistent follow-through. Looks actively for appropriate ways to overcome barriers when encountering them.</p>	<p>Helps others impact change. Serves as local leadership to interface with system communications to overcome quality gaps</p>					
<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>	<p>6</p>	<p>7</p>	<p>8</p>	<p>9</p>	<p>10</p>	

Setting, Assessor, Feedback, Time Estimate



Setting: Resident M&M Conference

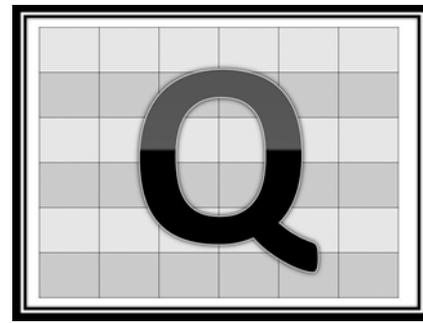
Assessor: Any attending assigned to M&M Conference. Should be in attendance at the conference.

Feedback: Can print Matrix and write notes in margins to inform. Debrief with learner afterwards

Time Estimate: 30 minutes to attend one M&M Quality Matrix discussion. 5 minutes to complete evaluation form.

< 5 minutes to provide encounter feedback

Tips, Tricks, Thoughts



- Good way to integrate small-scale QI into your residency
- Often patient-safety related or focused
- Completed Matrix serves as excellent “exhibit” of your local QI effort (to CLER, to GMEOC, etc)
- Start each M&M by updating progress / follow-up on previous Quality Matrices

Coding and Billing Audit

ICD



CPT

CHART REVIEW SUMMARY SHEET

NAME OF PHYSICIAN OR PROVIDER: Dr. Jillian Swary

SPECIALTY: Residents – Dermatology Marshfield

DATE: June 14, 2014

DATE (S) REVIEWED: June 2, 2014 – July 2, 2014

NUMBER OF CHARTS REVIEWED: 15

SUMMARIZE BY CODES REVIEWED:

NEW PATIENTS: 6

5 Matched

1 Differed

ESTABLISHED PATIENTS: 9 |

8 Matched

1 Differed

Provider Summary

SWARY, JILLIAN MD

215703

Department: Residents - Dermatology

Site: Marshfield

Charge Correction Required	MHN	Date of Service	Charged As:	Qty	Reviewed As:	Qty	Comments
<input type="checkbox"/> 417282 Medicare		6/16/14	New Level 1 Shave removal, epidermal or dermal lesion, single lesion, face, ears, eyelids, nose lips, 1.1-2.0		New Level 2 Shave removal, epidermal or dermal lesion, single lesion, face, ears, eyelids, nose lips, 1.1-2.0		Documentation of history (3 HPI, 5 ROS, 3 PFSH), exam ('97 exam - 14 bullet points), and complexity of medical decision supports a higher level.



What Resident Charged



What Coder Thought Charge Should Be



Reason Coder Thought This

Tool Description



- Business office or Attending with coding expertise reviews billing/coding submissions by resident
- Generate report of concurrence/discrepancy of billing/coding
- Resident and PD receive summary report of findings
- Residents review any discrepancy
- Tool rates degree of concurrence and degree of discrepancy investigation and rationale.

Setting, Assessor, Feedback, Time Estimate



Setting: Continuity Clinic, or any venue where residents are entering charges for level of service, CPT codes, modifiers, etc. Resident asked to review coding audit congruence, reflect and comment on results.

Assessor: Any attending assigned to review key portions of the portfolio contents.

Feedback: Debrief with learner afterwards on areas of discrepancy, and listen to them (or read what they write to) explain why.

Time Estimate: <5 minutes to review auditor's report. If you do not have auditor and will be doing audit yourself, substantially more time as E&M note review is necessary.

5 minutes to complete evaluation form.

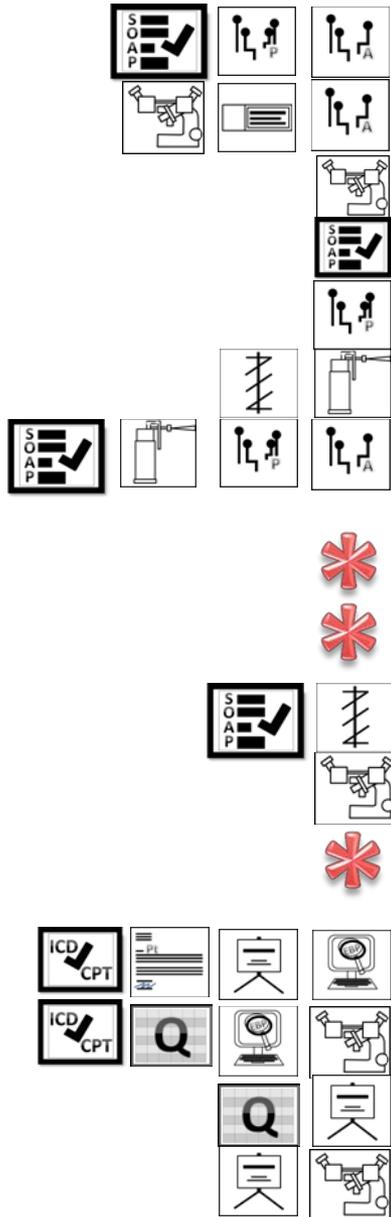
< 5 minutes to provide encounter feedback

Tips, Tricks, Thoughts



- Easiest to align with any audit activity occurring with your reimbursement team/educators rather than taking it all on yourself.
- Once audit is back, ask residents to briefly email where discrepancies were noted and if they concur upon further review, and why.
- For us, makes little sense to do to non-continuity clinic resident audits

Tools in the APD Toolbox



MILESTONES ASSESSMENT FOR DERMATOLOGY RESIDENTS

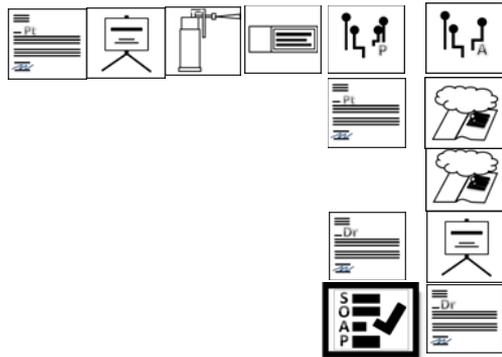
RESIDENT NAME: _____		Circle the Measurement Period:										
		Beginning Resident			JR Resident		SR Resident		Graduate		Advanced	
		1	2	3	4	5	6	7	8	9	10	
PATIENT CARE	I.1 Performing History, Examination & Prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I.2 Performing and Interpreting Diagnostic Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I.3 Dermatopathology, Application and Integration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I.4 Medical Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I.5 Pediatric Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I.6 Surgical Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I.7 Diagnosis, Management Decisions & Patient Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:												
MEDICAL KNOWLEDGE	II.1 Medical Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	II.2 Pediatric Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	II.3 Dermatologic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	II.4 Dermatopathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	II.5 Application of Basic Science Knowledge to Clinical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:												
PRACTICE-BASED LEARNING & IMPROVEMENT	III.1 Appraise & assimilate scientific evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	III.2 Continuously improve through self-assessment of competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	III.3 Integrates Quality Improvement Concepts & Activities in Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	III.4 Teaches Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:												

MILESTONES ASSESSMENT FOR DERMATOLOGY RESIDENTS

Tools in the APD Toolbox

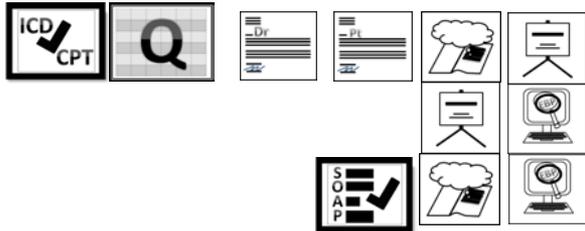
RESIDENT NAME: _____ Circle the Measurement Period:

1	2	3	4	5	6
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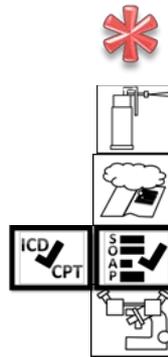
		Beginning Resident			JR Resident		SR Resident		Graduate	Advanced	
		1	2	3	4	5	6	7	8	9	10
IV.1	Communication and rapport with patients and families	<input type="checkbox"/>									
	Having Difficult Conversations	<input type="checkbox"/>									
	Team Member Respect & Care Coordination	<input type="checkbox"/>									
	Communication & Consultation with Other Physicians	<input type="checkbox"/>									
	Medical Records	<input type="checkbox"/>									

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:



		1	2	3	4	5	6	7	8	9	10
V.1	Adheres to basic ethical principles	<input type="checkbox"/>									
	Committed to life-long learning and improvement	<input type="checkbox"/>									
	Patient care is always the first priority	<input type="checkbox"/>									

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:



		1	2	3	4	5	6	7	8	9	10
VI.1	Adapts easily and works effectively in various health care delivery settings and systems	<input type="checkbox"/>									
	Works effectively within an interprofessional team	<input type="checkbox"/>									
	Improves health care delivery by identifying system errors and implementing potential system solutions	<input type="checkbox"/>									
	Advocates for quality patient care and optimal patient care systems	<input type="checkbox"/>									
	Practices cost-conscious care for patients and populations	<input type="checkbox"/>									

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

OVERALL FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:



= no current APD Assessment Tool exists to assess this Milestone