

## Senior Seminar Series - Milestones



### Subject Name

Status  
Employer  
Program  
Rotation  
Evaluation Dates

Evaluated by:

### Evaluator Name

Status  
Employer  
Program

#### 1\* Q1. SSS - Professionalism (map to prof-1)

Level 1	Level 2	Level 3	Level 4	Level 5
Did not do recordings.	Brought in video but did not do self review with PCOF	Brought in video and PCOF self review	Brought in video and had insight and reflective comments to make on own performance.	Seeks additional video recording and review opportunities with faculty to enhance skills with different patients and for personal growth.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ N/A

#### 2\* Q2. SSS - Professionalism - Peer Relationship and Responsibility (maps to prof 2 and prof 4)

Level 1	Level 2	Level 3	Level 4	Level 5
Interrupts or dominates group	Balanced participation in group conversation and course content.	Allows others to share ideas with respect.	Mindful of others and facilitates their involvement. Gives negative feedback in a respectful constructive manner.	Actively elicits other's ideas and experiences. Is mindful and present, aware of group dynamics. Facilitates activities/learning through a respectful approach.
Lacks openness to others' ideas or course content.	Punctual to meetings.	Open stance and attitude that is compassionate.		
Late or absent without proper notification.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ N/A

**3\* Q3. SSS - Professionalism - Engagement and Wellbeing (maps to prof 2 and prof 4)**

Level 1	Level 2	Level 3	Level 4	Level 5
Low self-awareness of importance of personal maintenance of emotional, physical and mental health.	Understands principles of physician wellness in life to manage personal emotional, physical health.	Demonstrates efforts toward balancing physician well-being with patient care needs.	Can manage situations in which maintaining personal, emotional, physician and mental health are challenged.	Consistently displays an ability to integrate and respond to personal, physical and emotional needs.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ N/A**4\* Q4. SSS - Communication - Style (maps to C1 and C2)**

Level 1	Level 2	Level 3	Level 4	Level 5
Uses many prescriptive statements.	Creates non-judgemental safe environment for patients to share their story.	Non-judgemental, accepting style. Mindful and present. Stays with patient (not behind or head of patient) and pace.	Non-judgemental, accepting style. Open to patient place, readiness, and choice/autonomy. Remains mindful/present and provides appropriate support to take next step.	Role models effective style that fosters personal relationships which optimize the well-being of the patient and family.
Has an authoritarian style.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ N/A**5\* Q5. SSS - Communication - Patient Centered Interviewing (maps to C1 and C2)**

Level 1	Level 2	Level 3	Level 4	Level 5
Doctor centered/closed ended questions. Lacking curiosity.	Attempts to use some open ended questions and reflective statements. Still heavily doctor centered.	Primary use of open-ended questions. Affirmations are present and appropriate. Reflections are more complex. Summary reflects attunement.	Open ended questions most of the time. Reflections are complex and move toward change talk. Summary reflects understanding.	Role-models effective communication with patients and families.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ N/A

**6\* Q6. SSS - Communication - Communication Skills (maps to C2)**

Level 1	Level 2	Level 3	Level 4	Level 5
Primarily uses closed ended questions. Does not recognize or attempt to connect with patient emotionally.	Demonstrates ability to establish rapport with patient. Attempts to set agenda with most patients.	Understands and demonstrates efforts in using the skills of negotiating agenda with patient during office visits. Builds relationship through empathy and reflective listening.	Consistently and successfully negotiates agenda, NURSE emotions, uses open ended questions and summarizes story back to patient.	Role-models effective and efficient communication with patients and families.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ N/A
**7\* Q7. SSS - Patient Care - Health Behavior Change (maps to PC 2)**

Level 1	Level 2	Level 3	Level 4	Level 5
Does not demonstrate skill of using motivational interviewing or setting patient centered self-management goals to manage health behavior change.	Clarifies goals of care and attempts to set self-management goals that are patient centered.	Successfully demonstrates use of MI Skills and setting a self-management goal with a patient.	Engages patients in setting their own self-management goals. Demonstrates this on multiple occasions.	Uses system or community resources to support self-management goals and shows an ongoing partnership in supporting this health behavior change.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ N/A

**8\* Q8.SSS - Medical Knowledge - Contextual Care (maps to MK 2)**

Level 1	Level 2	Level 3	Level 4	Level 5
Focuses exclusively on biomedical story. May obtain social history but does not see the relationship to medical care.	Begins to integrate contextual and medical knowledge in care of the patient.	Uses contextual information to individualize the diagnosis and treatment of a patient.	Integrates and synthesizes important pieces of the patients' psychosocial and biomedical story.	Integrates indepth medical and personal knowledge of patient, family and community to determine, develop, and implement treatment plans.
		Recognizes the impact of a patient's condition on their family.	Recognizes the impact of the provider's own context on the care of patients.	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ N/A

*Inspired by 2013 presentation; Developing a Rubric for core competencies in behavioral medicine. Implications for the FM milestones project. Catalina Triana, MD, Mike Olson, PhD present at Forum for Behavioral Science in Family Medicine, Chicago IL.*

Overall Comment