
Milestones

里程碑

- 目的
 - 何謂里程碑
 - 里程碑如何產生效用
 - 如何對執行里程碑作出所需評估

六大核心能力

- ❑ 醫學知識
- ❑ 病人照護
- ❑ 專業素養
- ❑ 人際及溝通技巧
- ❑ 從執業中學習與改進
- ❑ 制度下之臨床執業

由程序轉變為成效 (Transition from process to outcomes)

成效計畫

1999 – 成效計畫開始

- 定義一般能力
- 強調教育成效

2001 – 募集各方意見

- 將核心能力轉譯為專科特定能力
- 學習歷程檔案是下一個希望

2002-2008 – 實施
6個能力領域

- 住院醫師訓練計畫預計發展出教學和評估方法將能力融入其課程中
- 開發ACGME評估「工具箱」

里程碑計畫目的

- 成效計畫出現困難：如何評估住院醫師的表現與能力？
- 里程碑對預期的知識、技能、屬性和表現提供更明確的定義
 - 擴大評鑑和授證的成效證據
 - 加強公眾責任

里程碑評估的預期利益 (1)

對住院醫師

- ❑ 對住院醫師有明確的期望
- ❑ 確定工作領域
- ❑ 改善對住院醫師六大核心能力的評估
- ❑ 住院醫師得到更多來自教師的回饋
- ❑ 能較早發現表現不足者
- ❑ 對超過期望的住院醫師提供更高的目標

里程碑評估的預期利益 (2)

對訓練計畫

- ❑ 指引課程開發
- ❑ 指引認證要求修訂
- ❑ 較早識別表現不佳者

里程碑評估的預期利益 (3)

對公眾

- 對醫生在完訓時能做些什麼有更好的定義
- 用於訓練計畫評鑑
- 可用於專科資格認證

什麼是里程碑

- 一般定義：在特定時間內的技能和知識的培養
- 里程碑定義（ACGME和專科委員會）：住院醫師在專科訓練期間於六大核心能力領域所展示的具體行為、屬性或成效

Milestones

***Milestones are simply a significant point in development.
They can enable the learner and the program to determine
individual trajectories of professional development in narrative terms.***

里程碑就是發展路程上的重要標示。
可使學習者和課程以敘事用語標示專業發展的個人足跡。

如何評估里程碑水平？

- ❑ 里程碑不是用於蒐集詳細信息的評估工具
- ❑ 它們不能取代個別學員須完成輪訓結束評估單、模擬測驗、多源評量及OSCE等
- ❑ 數據愈多愈精確

評估工具的例子

- 總體評量尺規
 - Likert量表顯示偏向高分
 - 應有明確評分依據
- OSCE
- 模擬評估
- 檢核表
- 將現有評估工具/問題反映到次能力里程碑
- 外推下列結果：
 - 團隊建構演練
 - 優良標竿課程 - ACLS、ATLS、PALS
 - 特定輪訓部門

如何評估里程碑水平？

- ❑ 里程碑是住院醫師受訓進度的摘要
- ❑ 我們必須蒐集數據，以便能夠決定住院醫師在里程碑上的進展情況
- ❑ 某些次能力可能較適合於每月、每季或每半年的總體評量尺規；有些則可能在整個訓練計畫期間僅需蒐集一次

評估議題

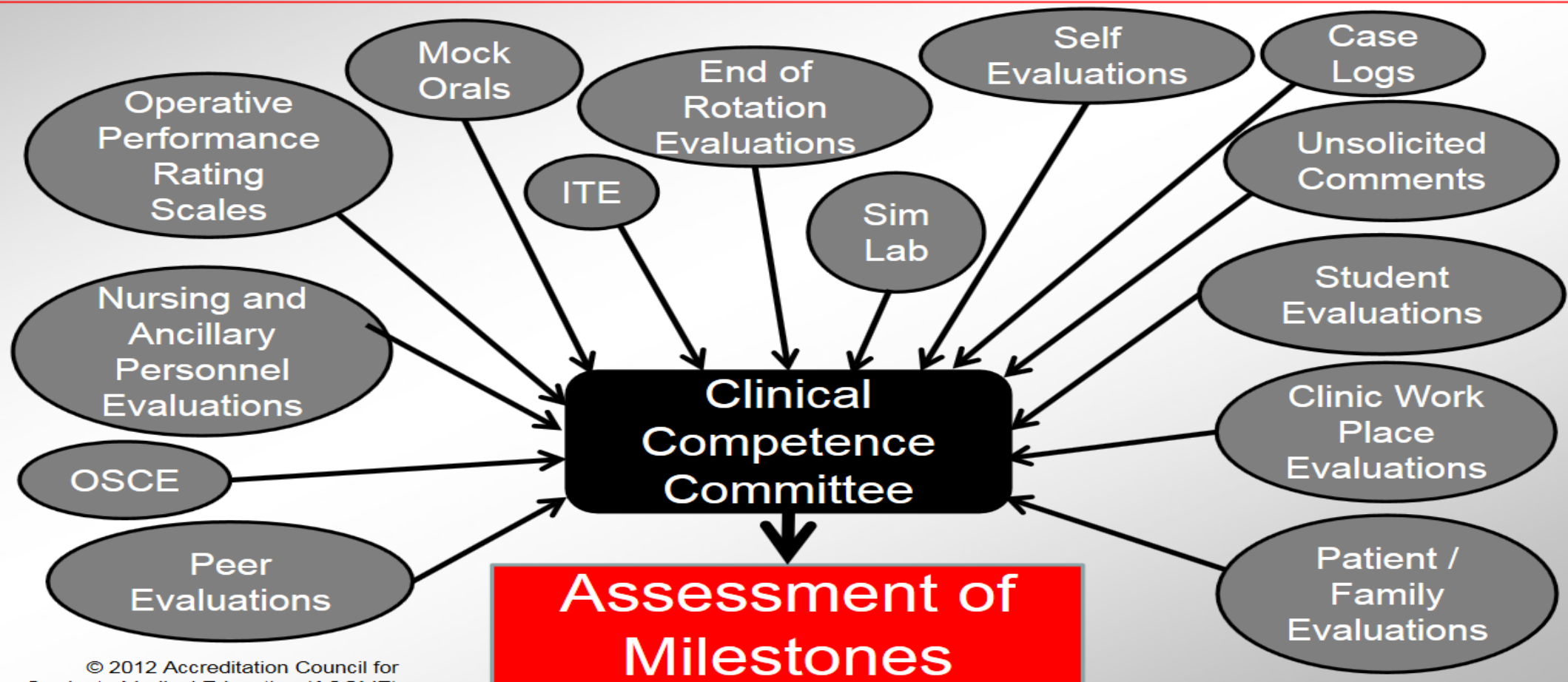
- 里程碑報告是否可以替代當前的評估工具或輪訓結束評估表？
 - 優點：
 - 當兩者相關且情況適合
 - 當評估者了解相關狀況
 - 缺點：
 - 里程碑語言太廣泛或籠統，或與學習經驗不符
 - 有太多的里程碑要評估

住院醫師里程碑水平由CCC判定

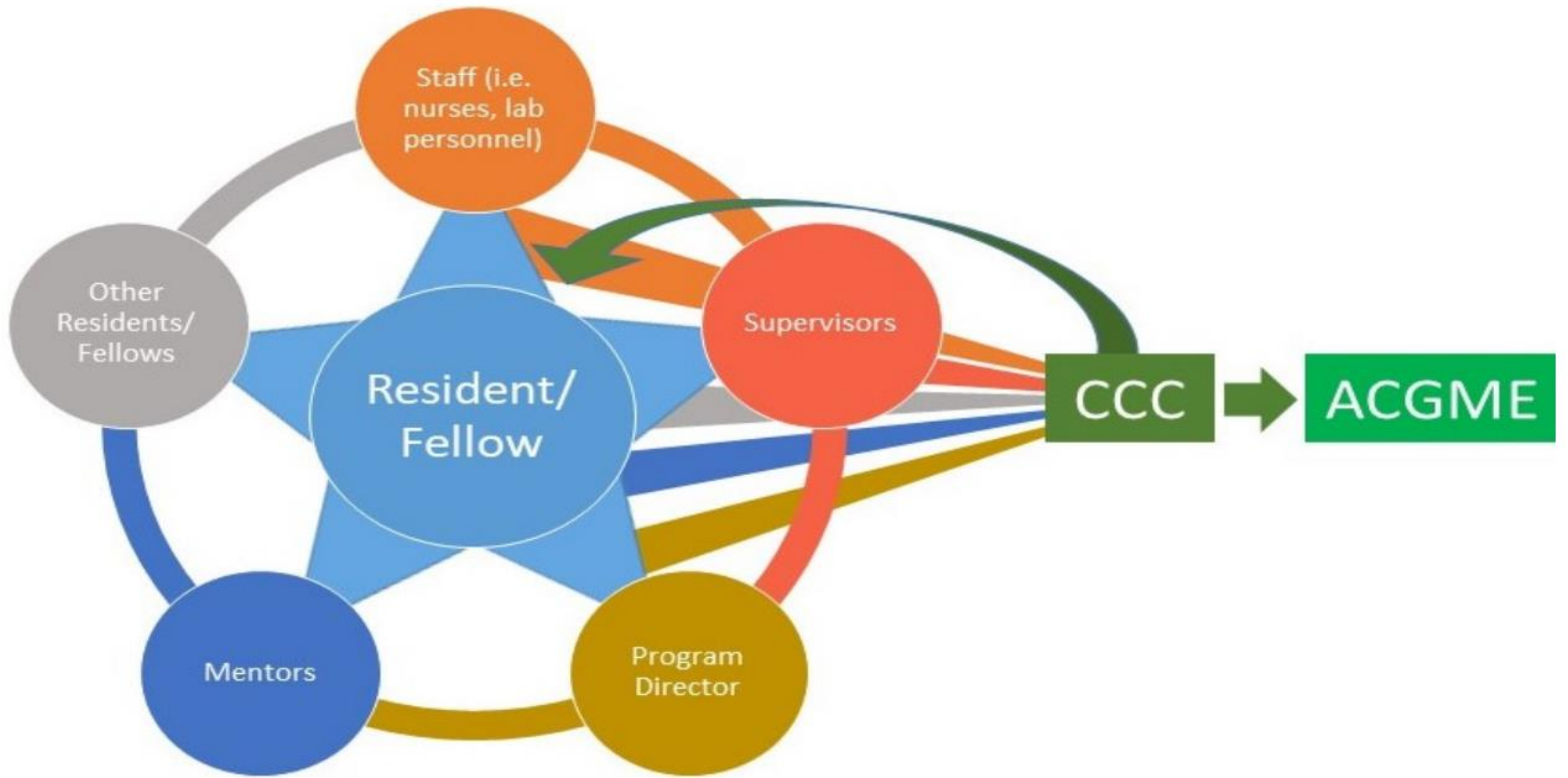
- 一組觀察里程碑的教師
- 除里程碑外亦參考其他的評估：
 - 輪訓結束評估
 - 護理師的意見
 - 病人和家屬的意見
 - 同儕的評估
 - 其他
- 常規地應用相同的過程
- 允許更多的一致性及更少的個人偏見

CCC = Clinical Competency Committee

Clinical Competence Committee



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里程碑水平的總括描述

里程碑描述：模板				
水平 1	水平 2	水平 3	水平 4	水平 5
對初受訓練住院醫師的期待是什麼？	入門後不久且仍未到受訓中期的住院醫師的里程碑是什麼？	受訓中期住院醫師的關鍵發展里程碑是什麼？ 此階段他們在專業領域上應能做得好些什麼？	完訓住院醫師是什麼模樣？ 他們獲得了什麼額外的知識、技能和態度？ 他們準備好認證了嗎？	伸展目標 - 超出預期
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Comments:				

里程碑基礎架構例子

PC 1：病史（符合年齡和身體障礙）				
水平 1	水平 2	水平 3	水平 4	水平 5
獲取一般病史	獲取包括醫療、功能和心理社會因素在內的基本的生理史	獲取綜合醫學、功能和社會心理因素的綜合醫學史 在需要時尋求並從二手資源獲取數據	對廣泛的年齡層和障礙有效地獲取相關病史，並呈現出優先排序的假設 引出不易被病人自願訴說的隱情和訊息	以高效率的方式蒐集和合成訊息 快速聚焦於提出問題，並以優先排序的方式引出關鍵訊息 有系統地從患者蒐集的隱藏而困難的訊息
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里程碑基礎架構例子

能力

次能力

PC 1：病史（符合年齡和身體障礙）

水平 1	水平 2	水平 3	水平 4	水平 5
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里程碑

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

11. Transitions patients effectively within and across health delivery systems. (SBP4)									
關鍵性不足				準備好無人監督下執行			力求精進		
<p>在轉送時忽視溝通的需求</p> <p>對派送系統照護者的請求不作回應</p>		<p>未能一致地利用現有資源來協調和確保派送系統內和派送系統之間的安全和有效的病人照護</p> <p>轉送期間缺少書面和口頭照護計畫或計畫不完整</p> <p>照護轉換效率低下，導致病人不必要的開支或風險（例如重新接受檢驗、再入院）</p>	<p>認知轉送期間溝通的重要性</p> <p>與未來照護者有進行溝通，但在相關性和及時性的信息有失誤</p>	<p>恰當地利用現有資源來協調照護，並確保派送系統內和派送系統之間的安全和有效的病人照護</p> <p>積極與過去和未來的照護人員溝通，以確保照護的連續性</p>			<p>協調醫療系統內和醫療系統之間的照護，優化病人安全、提高效率，並確保較佳的病人預後</p> <p>預測病人、照護人員和未來照護人員的需求，並採取適當的措施來滿足這些需求</p> <p>作為榜樣並教導有效的照護過渡過程</p>		
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選擇位於欄中間的格子是指該欄中的里程碑以及之前各欄的里程碑已經被充分展示。

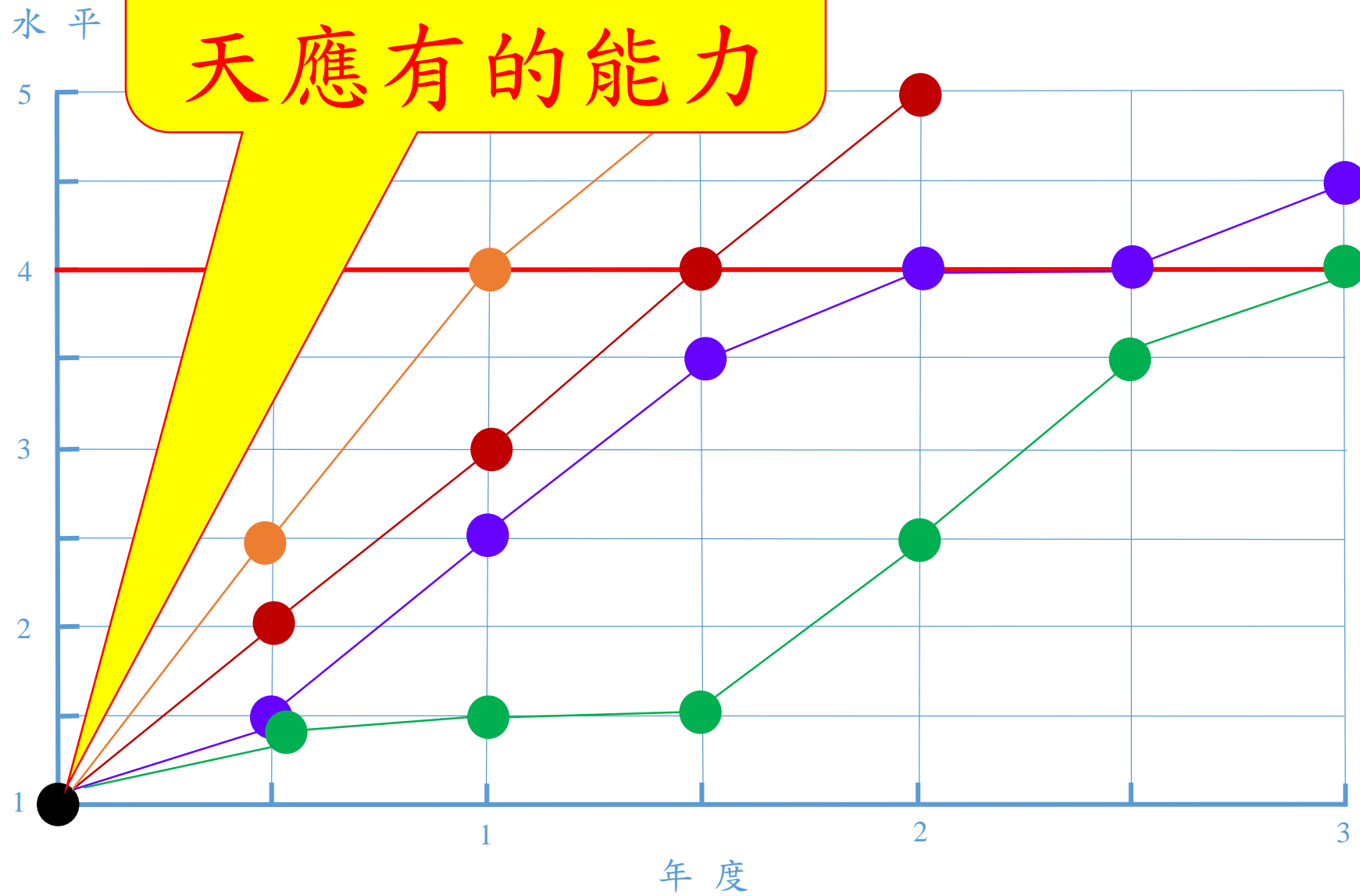
INTERNAL MEDICINE MILESTONES

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Comments:										

選擇兩欄之間的格子是指較低層的里程碑及較高層的一些里程碑已被充分展示。

專科訓練第一天應有的能力



How were Milestones Development (1/6)

- ❑ 每個專科里程碑開發的過程各自不同
- ❑ 2007年：內科最早發展
- ❑ 2009年：ACGME召集各專科開始訂定最佳發展方向
- ❑ 2011年：各核心專科均成立工作小組；依Dreyfus模式決定里程碑包含五個水平，並決定水平4是結業目標（但不是必要）、水平5是理想里程
- ❑ 已開始建立里程碑的專科被允許沿用及繼續發展原有規劃（即可採用較少的水平、水平採不同的描述、不同的結業指標）

How were Milestones Development (2/6)

- ❑ 每個工作小組成包括由相關ACGME審查委員會委員、美國醫學專科委員會委員、專業學院和協會委員、訓練計畫主持人及住院醫師代表
- ❑ 核心專科工作小組通常有15名成員，各代表專科的不同領域
- ❑ 例如，骨科工作小組包括8個次專科的成員

How were Milestones Development (3/6)

- ❑ 每個小組都經過三到四次會議來完成此過程
- ❑ 首先從已刊登文件的審查開始，包括計畫需求、授證藍圖、能力聲明、共享課程和其他文獻
- ❑ 熱烈及完整地討論什麼知識、技能和能力最為重要的是情和的
- ❑ 在許多情況下，小組可以在幾個小時內為病人照護和醫學知識選擇最重要的話題
- ❑ 在某些情況下，決定哪些次能力最為重要則需要一次以上的全面會議
- ❑ 發展工作則較後才開始

How were Milestones Development (4/6)

- ❑ 不同專科的里程碑可以有幾種不同的寫法
- ❑ 有一些包括籠統和廣泛的類別，另一些則是非常特異，也有一些是混合的
- ❑ 一般來說，住院醫師較多的專科（如內科、家庭醫學科、外科）里程碑往往較為廣泛，而住院醫師較少的專科（如整形外科、放射腫瘤科）的專科則較特異
- ❑ 里程碑較為特異者傾向有更多的次能力和個人里程碑

How were Milestones Development (5/6)

- ❑ 大多數專科在草案完成後，亦已完成諮詢委員會的審查和評論
- ❑ 經過幾輪的編輯，里程碑已分發與計畫主持人進行測試和提出回饋
- ❑ 測試結果和回饋意見已完成編輯和製成文件
- ❑ 一些專科將部分被認重複或太瑣碎而另以附錄方式發布，可用作補救或學習工具；這些有時被稱為「非可報告的里程碑」
- ❑ 其他專科製作詳細的文件，以呈現所選擇的里程碑背後的研究和/或潛在的評估工具，可用於更好地判別里程碑水平

How were Milestones Development (6/6)

- ❑ 當里程碑出版時，ACGME里程碑人員參加了許多計畫主持人小組會議
- ❑ 致力教導計畫主持人關於里程碑的背景和目的，以及如何解讀其中詞義
- ❑ 最後，教導活動還包括「模擬臨床能力委員會會議」研討會
- ❑ 每個核心專科均在“*Journal of Graduate Medical Education*”發表文章詳細介紹所使用的具體程序

使用里程碑的四個關鍵 (1)

- ❑ 向ACGME報告的里程碑並不用作特定輪訓或經驗的評估表，特別是短於三個月的短期輪訓
- ❑ 報告里程碑旨在指引每年進行兩次綜合判斷
- ❑ 利用里程碑語言可有助於判定訓練過程中涵蓋哪些能力

使用里程碑的四個關鍵 (2)

- ❑ 報告里程碑也可指引住院醫師反思，並製定個人學習計畫
- ❑ 住院醫師應使用里程碑中來自教師、導師和計畫主持人的意見進行自我評估
- ❑ 在里程碑中住院醫師不應孤立地進行判斷
- ❑ 里程碑的回饋是在學習者和教師之間進行對話時最為有效

使用里程碑的四個關鍵 (3)

- 里程碑可用於教師培育
- 里程碑可以幫助教師認識到他們對學習者表現的期望，更明確地評估其專科技能進步的軌跡，並且辨別如何評估學習者的表現

使用里程碑的四個關鍵 (4)

- 必須記住，里程碑並未完全涵蓋範圍較廣的課程，若將評估僅限於里程碑，便會有許多議題缺乏適當和必要的評估和評量

Common Assessment Methods for the Six Core Competencies

Core Competency	Common Assessment Methods
Patient Care	<ul style="list-style-type: none">• Direct observation (live or video)• Rating scales/evaluation forms• Audit of clinical practice (e.g., quality performance measures)• Simulation (including standardized patients)• Case logs/registries
Medical Knowledge	<ul style="list-style-type: none">• In-training examinations• Oral questioning methods (e.g., SNAPPS)• Direct observation (live or video)• Assessment of Reasoning Tool
Professionalism	<ul style="list-style-type: none">• Multi-source feedback• Patient surveys (can be part of multi-source feedback)• Direct observation

Common Assessment Methods for the Six Core Competencies

Core Competency	Common Assessment Methods
Interpersonal and Communication Skills	<ul style="list-style-type: none">• Multi-source feedback• Patient surveys (can be part of multi-source feedback)• Direct observation (live or video)• Simulation (including standardized patients)
Practice-based Learning and Improvement	<ul style="list-style-type: none">• Audit of clinical practice (e.g., quality performance measures)• Evidence-based medicine logs• Case logs• Rating scales/evaluation forms• Reflective practice rubrics
Systems-based practice	<ul style="list-style-type: none">• Quality improvement knowledge assessment test• Audit of clinical practice (e.g., quality performance measures)• Multi-source feedback• Rating scales/evaluation forms

Patient Care常用的評估工具

- ❑ 直接觀察（現場或錄影）
- ❑ 評分標尺/評估表
- ❑ 臨床執業稽核（例如，品質績效考核）
- ❑ 模擬（包括標準化病人）
- ❑ 案例登錄

Medical Knowledge 常用的評估工具

- ❑ 培訓中測驗
- ❑ 口試詢問方法（例如SNAPPS*）
- ❑ 直接觀察（現場或錄影）

S = summarize the case

N = narrow the differential

A = analyze the differential

P = probes the preceptor

P = plan management

S = select an issue for self-directed learning

Professionalism 常用的評估工具

- 多元回饋
- 病人問卷
- 直接觀察

ICS常用的評估工具

- ❑ 多元回饋
- ❑ 病人問卷
- ❑ 直接觀察
- ❑ 模擬（包括標準化病人）

PBLI常用的評估工具

- ❑ 臨床執業稽核（例如，品質績效考核）
- ❑ 實證醫學登錄
- ❑ 案例登錄
- ❑ 評分標尺/評估表
- ❑ 反思性練習

SBP常用的評估工具

- ❑ 品質改進知識評估測試
- ❑ 臨床執業稽核（例如，品質績效考核）
- ❑ 多元回饋
- ❑ 評分標尺/評估表

使用里程碑的好處

- ❑ 里程碑和CCC流程提供住院醫師較好的回饋
- ❑ 里程碑系統催化住院醫師的回饋
- ❑ 里程碑為評估和回饋提供有用的語言
- ❑ 里程碑幫助教師發展共同的能力心智模型
- ❑ 里程碑有助於辨識課程差距
- ❑ 里程碑配合到課程活動中有助於更好的評估
- ❑ 里程碑有利於早期辨識有困難的住院醫師
- ❑ CCC是一個有助於處理困難住院醫師的機制
- ❑ 里程碑促進教師發展
- ❑ 系統的持續品質改善理念
- ❑ 里程碑的共同框架使針對GME評估的醫學教育研究更普遍化

使用里程碑的挑戰

- ❑ 時間和資源：數據輸入的負擔
- ❑ 將多個評估整合為一項CCC發展判斷
- ❑ 評估表格和標尺及里程碑判斷的不一致
- ❑ 缺乏評估方法和工具
- ❑ 將報告里程碑作為輪訓評估表（例如「認知負荷」）
- ❑ 教師發展的需求
- ❑ 教師的評估負擔
- ❑ 在一些專科中，教師指導的時間（如1-2週）愈來愈短
- ❑ 教師沒有充足的時間作適當的評估
- ❑ 一年期的次專科訓練採用里程碑模式五水平
- ❑ 教育術語和語言框架（選擇里程碑組套）
- ❑ 缺乏非病人照護和醫學知識里程碑的協調統一

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

1. Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PC1)									
關鍵性不足						準備好無人監督下執行		力求精進	
<p>未收集準確的病史數據</p> <p>不使用身體診察來印證病史</p> <p>僅依靠其他人的紀錄來構成自己的數據庫或鑑別診斷</p> <p>未認知病人的核心臨床問題</p> <p>未認知可能危及生命的問題</p>		<p>未一致地使用有組織的方式來獲得準確的病史信息</p> <p>沒有進行適當的全面身體診察或錯過關鍵性的身體診察結果</p> <p>不尋求或過度依賴二手數據</p> <p>未一致地認知病人的核心臨床問題或發展出有限的鑑別診斷</p>		<p>一致地獲取病人的準確和相關的病史</p> <p>在需要的時候尋找二手資源，並從中獲取數據</p> <p>一致地進行準確、適當的全面性身體診察</p> <p>使用收集得來的數據來確定病人的核心臨床問題</p>		<p>以高效率、有優先順序和假設引導的方式從病人獲取準確的病史</p> <p>針對病人的主訴進行準確的身體診察</p> <p>綜合數據形成排出優先順序的鑑別診斷和問題列表</p> <p>有效地使用病史和身體診察技巧使進一步診斷性檢查的需求降至最低</p>		<p>獲得相關的病史細節，包括指向鑑別診斷的敏感信息</p> <p>辨識微妙或不尋常的身體診察結果</p> <p>有效地利用所有二手數據來源來進行鑑別診斷</p> <p>作為榜樣並教導如何有效地使用病史和身體診察技巧使進一步診斷性檢查的需求降至最低</p>	
<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"/>
Comments:									

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

2. Develops and achieves comprehensive management plan for each patient. (PC2)				
關鍵性不足			準備好無人監督下執行	力求精進
<p>照護計畫完全不合適或不準確</p> <p>對那些需要緊急或危急照護的情況沒有反應</p> <p>在有需要時卻未尋求額外的指導</p>	<p>未能一致地制定適當的照護計畫</p> <p>未能一致地在需要時尋求額外的指導</p>	<p>一致地制定適當的照護計畫</p> <p>能辨識需要緊急或危急照護的情況</p> <p>依情況所需尋求更多的指導和/或諮詢</p>	<p>根據病人的臨床過程、隨後附加的數據和病人意願適當地修改照護計畫</p> <p>認知偏離常見模式及需要複雜的決策的疾病表現</p> <p>處理複雜的急性和慢性疾病</p>	<p>作為榜樣並教導他人有關複雜的和以病人為中心的照護</p> <p>為病情最複雜的病人制訂客製化及有優先排序的照護計畫，並考量診斷的不確定性和成本效益原則</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

3. Manages patients with progressive responsibility and independence. (PC3)				
關鍵性不足			準備好無人監督下執行	力求精進
<p>病人照護仍需要直接監督</p> <p>無法處理需要緊急或危急照護的病人</p> <p>不承擔對病人處理決策的責任</p>	<p>需要直接監督以確保病人安全和照護品質</p> <p>未一致地處理簡單的門診主訴或常見的慢性疾病</p> <p>未一致地提供門診預防性照護</p> <p>未一致地處理住院中有直接診斷的病人</p> <p>無法處理複雜的或需要重症照護的住院病人</p>	<p>需要間接監督以確保病人安全和照護品質</p> <p>在門診環境中提供適當的預防性照護和慢性疾病處理</p> <p>為有單一或多項診斷的住院病人提供全面性的照護</p> <p>在監督下對加護病房病人提供適當的照護</p> <p>啟動緊急或危急照護的處理計畫</p> <p>尚不能獨立監督醫療小組資淺成員提供的照護</p>	<p>獨立處理住院及門診的病人，包括仍未有鑑別診斷的症候群</p> <p>於適當時尋求更多的指導和/或諮詢</p> <p>適當地處理需要緊急或危急照護的情況</p> <p>有效地監督團隊的治療決策</p>	<p>處理不尋常的、罕見的或複雜的疾病</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

4. Skill in performing procedures. (PC4)									
關鍵性不足						準備好無人監督下執行		力求精進	
在沒有足夠的技能或監督下嘗試執行程序 當具有資且病人照護有需要時卻不願意執行程序		尚未具備充分技能安全地完成一般診療程序		具備基本技能完成一般診療程序		具備技能並已成功地完成認證所需所有的診療程序		在執行診療程序時提供病人最大的舒適度和安全 尋求獨立執行額外的診療程序（超出認證要求的程序），這些程序預計為將來執業所需 教導和監督小組資淺成員執行程序	
<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"/>
Comments:									

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

5. Requests and provides consultative care. (PC5)				
關鍵性不足			準備好無人監督下執行	力求精進
<p>執行照會或利用照會服務時，對其他人的問題或疑慮沒有反應</p> <p>在病人照護需要時卻不願意利用照會服務</p>	<p>作為其他醫師/醫療團隊的照會者並未一致地處理病人</p> <p>在擔任照會者時，未一致地應用風險評估原則</p> <p>作為照會者，未一致地提出臨床問題</p>	<p>對臨床問題需要基本風險評估的病人提供照會服務</p> <p>詢問有意義的臨床問題，並導入照會者的意見</p>	<p>對基本和複雜臨床問題需要詳細風險評估的病人提供照會服務</p> <p>恰當地衡量照會者的建議，以便有效地處理病人照護</p>	<p>輕易地轉換照會者和主責醫師的角色</p> <p>為臨床問題非常複雜需要廣泛風險評估的病人提供照會服務</p> <p>處理來自多個照會者不一致的建議</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p>				

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

6. Clinical knowledge (MK1)				
關鍵性不足			準備好無人監督下執行	力求精進
缺乏提供病人照護所需的科學、社會經濟或行為的知識	未充分具備一般醫療狀況和基礎預防保健所需的科學、社會經濟和行為的知識	具備提供一般醫療狀況和基礎預防保健所需的科學、社會經濟和行為的知識	具備提供複雜醫療狀況和全方位預防保健所需的科學、社會經濟和行為的知識	具備診療不常見、不明確及複雜狀況所需的科學、社會經濟和行為的知識
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

7. Knowledge of diagnostic testing and procedures. (MK2)									
關鍵性不足						準備好無人監督下執行		力求精進	
缺乏病人照護所應用的診斷性檢查和程序的基礎知識		未能一致地準確判讀基本診斷檢驗 不了解驗前概率和檢驗性能特徵的概念 對常用程序的適應症和風險僅有微小程度的理解		能一致地準確判讀基本診斷檢驗 需要協助來了解驗前概率和檢驗性能特徵的概念 對常用程序相關的適應症和風險完全理解		準確判讀複雜的診斷檢驗 了解驗前概率和檢驗性能特徵的概念 在執行程序時教導他人常用程序相關的適應症和風險及預知可能的併發症		判讀診斷檢驗和程序時預知和考量其中的陷阱和偏誤 追求新近和發展中的診斷檢驗和程序的知識	
<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"/>
Comments:									

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

8. Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel). (SBP1)				
關鍵性不足			準備好無人監督下執行	力求精進
<p>不認同其他跨領域團隊成員的貢獻</p> <p>因低效率和錯誤令團隊成員感到沮喪</p>	<p>認同其他團隊成員的角色，但不知道如何/何時將其作為資源</p> <p>經常需要團隊提醒才能完成醫師的職責（例如與家人交談、輸入醫令）</p>	<p>了解所有團隊成員的角色，但無法有效利用</p> <p>在需要時參與團隊討論，但未主動尋求其他團隊成員的意見</p>	<p>了解所有團隊成員的角色與責任，並能有效地共事</p> <p>主動參與團隊會議和共商決策</p>	<p>將所有團隊成員整合到病人照護中，以便每個人都能在病人照護中發揮最大的技能</p> <p>有效地協調其他團隊成員的活動，以優化照護</p> <p>被團隊成員視為提供高品質照護的領導者</p>
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Comments:				

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

9. Recognizes system error and advocates for system improvement. (SBP2)				
關鍵性不足			準備好無人監督下執行	力求精進
<p>忽略系統內可能衝擊病人照護的錯誤的風險</p> <p>忽略回饋且不願意改變行為以減少錯誤的風險</p>	<p>未認知系統錯誤的可能性</p> <p>做出可能導致錯誤的決定，這些錯誤會遭系統或監督糾正</p> <p>拒絕有關可能導致錯誤或造成傷害的決定的回饋</p>	<p>認知系統錯誤的可能性</p> <p>找出顯而易見或重要的錯誤原因，並通報上級</p> <p>認知系統中潛在的即時錯誤風險，並採取必要措施來緩解這一風險</p> <p>願意接受有關可能導致錯誤或造成傷害的決定的回饋意見</p>	<p>識別醫療錯誤的系統性原因，並予以避免，以提供安全的病人照護</p> <p>倡導安全的病人照護和最佳的病人照護系統</p> <p>活化正式的系統資源來探查及減輕實際或潛在的醫療錯誤</p> <p>反思並學習可能導致醫療錯誤的自身重大事件</p>	<p>倡導系統領導正式參與品質保證和品質改進活動</p> <p>被視為確定和倡導預防醫療失誤的領導者</p> <p>教導別人認識和減輕系統錯誤的重要性</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

10. Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care. (SBP3)				
關鍵性不足			準備好無人監督下執行	力求精進
<p>忽略提供照護的成本議題</p> <p>未努力克服成本效益照護的障礙</p>	<p>缺乏認知衝擊醫療照護成本的外部因素 (如社會經濟、文化、教育程度、保險狀況)及外部利益相關者 (如照護提供者、物料供應者、財務管理者、付費購買者)在照護成本的角色</p> <p>開立診斷或治療性介入措施時未考慮醫療資源是有限的</p>	<p>認知影響病人利用醫療照護的外部因素，以及了解這些因素可能是成本效益照護的障礙</p> <p>盡量減少不必要的診斷和治療程序</p> <p>對病人族群(如篩檢)的成本認知原理未完全理解</p>	<p>一致地努力解決成本效益照護中病人的特定障礙</p> <p>倡導對資源利用的成本意識(如：急診就診、再次住院)</p> <p>將成本認知原理整合至標準臨床判斷和決策，包括篩檢</p>	<p>教導病人和醫療小組成員認知和解決成本效益照護及資源合理利用常見的障礙</p> <p>積極參與旨在克服或減輕成本效益高品質照護障礙的活動和健康照護模式</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

11. Transitions patients effectively within and across health delivery systems. (SBP4)									
關鍵性不足						準備好無人監督下執行		力求精進	
<p>在轉送時忽視溝通的需求</p> <p>對派送系統照護者的請求不作回應</p>		<p>未能一致地利用現有資源來協調和確保派送系統內和派送系統之間的安全和有效的病人照護</p> <p>轉送期間缺少書面和口頭照護計畫或計畫不完整</p> <p>照護轉換效率低下，導致病人不必要的開支或風險（例如重新接受檢驗、再入院）</p>		<p>認知轉送期間溝通的重要性</p> <p>與未來照護者有進行溝通，但在相關性和及時性的信息有失誤</p>		<p>恰當地利用現有資源來協調照護，並確保派送系統內和派送系統之間的安全和有效的病人照護</p> <p>積極與過去和未來的照護人員溝通，以確保照護的連續性</p>		<p>協調醫療系統內和醫療系統之間的照護，優化病人安全、提高效率，並確保較佳的病人預後</p> <p>預測病人、照護人員和未來照護人員的需求，並採取適當的措施來滿足這些需求</p> <p>作為榜樣並教導有效的照護過渡過程</p>	
<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"/>
Comments:									

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

12. Monitors practice with a goal for improvement. (PBLI1)									
關鍵性不足						準備好無人監督下執行		力求精進	
不願意反省自己的執業或表現 不關心學習和自我改進的機會		無法反省自己的執業或表現 錯失學習和自我改進的機會		未一致地反省自己的執業和表現，亦未能一致地對反思作出行動 未能一致地對學習和自我改進的機會作出行動		定期反省自己的執業或表現，並一致地對反思作出行動以改善執業 認知未達最優的執業或表現，並作為學習和自我改進的機會		定期反省，並尋求外部驗證反思內容，使執業能有最大幅度的改善 積極參與自我改進的努力，且對經驗作出反思	
<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"/>
Comments:									

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

13. Learns and improves via performance audit. (PBLI2)									
關鍵性不足						準備好無人監督下執行		力求精進	
無視自己臨床表現的評值		有限認知或渴望分析自己臨床表現的評值		分析自己臨床表現的評值，並辨識改善的機會		分析自己的臨床表現的評值並積極努力提升表現		藉由各種評值來源來積極監測臨床表現	
對品質改善努力的結果呈現出不願參與或甚至毫不考慮		名義上參與品質改善計畫		有效地參與品質改善計畫		積極參與品質改善計畫		能領導品質改善計畫	
		不熟悉品質改善的原則、技術或重要性		了解品質改善的一般原理和技術，並肯定對病人照護的評估和改善的責任		呈現出運用一般品質改善的原則和技術來改善對病人照護的能力		利用一般品質改善的原則和技術持續改善對病人的照護	
<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"/>
Comments:									

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

14. Learns and improves via feedback. (PBL13)												
關鍵性不足					準備好無人監督下執行			力求精進				
從不徵詢回饋 積極抗拒他人的回饋		很少尋求回饋 以防禦性的方式回應非徵詢而來的回饋 根據回饋暫時或膚淺地調整表現			僅向上級徵詢意見 對非徵詢而來的回饋呈開放度 未能一致地接納回饋			徵求來自跨專業團隊所有成員和病人的回饋 歡迎非徵詢而來的回饋 一致地接納回饋			能不斷接納徵詢及非徵詢而來的回饋 能協調不同意見或矛盾的回饋	
<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"/>	<input type="checkbox"/>	
Comments:												

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

15. Learns and improves at the point of care. (PBLI4)												
關鍵性不足					準備好無人監督下執行			力求精進				
<p>無法認同不確定性及回到反思式的反應模式，縱使在不準確的情況下亦然</p> <p>在需要時無法尋找或應用證據</p>		<p>很少「慢下來」重新考慮解決問題的方法、尋求幫助或尋求新的信息</p> <p>在協助下能將醫療信息的需求轉譯成格式良好的臨床問題</p> <p>不熟悉醫學文獻的長處和短處</p> <p>有限的認知或能使用信息技術</p> <p>接受臨床研究的研究成果沒有嚴格評讀</p>			<p>未能一致地「慢下來」重新考慮解決問題的方法、尋求幫助或尋求新的信息</p> <p>能獨自將醫療信息的需求轉譯成格式良好的臨床問題</p> <p>認知醫療信息資源的長處和短處，但利用信息技術不經辨思</p> <p>在協助下能根據被接受的標準來評讀臨床研究報告</p>			<p>常規地「慢下來」重新考慮解決問題的方法、尋求幫助或尋求新的信息</p> <p>常規地將新的醫療信息需求轉譯為格式良好的臨床問題</p> <p>能帶著辨思來利用信息技術</p> <p>能根據被接受的標準獨自評讀臨床研究報告</p>			<p>在臨床問題的特色指引下對醫療信息資源作高效能的搜尋</p> <p>能作為榜樣，展現如何根據標準方法評讀臨床研究報告</p> <p>對新興的臨床問題以有系統的方法來探求和追蹤</p>	
<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"/>			
Comments:												

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

16. Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)				
關鍵性不足			準備好無人監督下執行	力求精進
<p>對病人和照顧者缺乏同理心和慈悲</p> <p>與病人，照顧者和跨專業團隊成員的互動未呈現出尊重</p> <p>為自身利益犧牲病人的需求</p> <p>不尊重病人的隱私和自主權</p>	<p>未能一致地呈現出對病人和照顧者的同理心、慈悲和尊重</p> <p>未能一致地對病人和照顧者的需求以合適的方式作出回應</p> <p>未能一致地考量病人的隱私和自主</p>	<p>與病人、照顧者和跨專業團隊成員的互動能一致地展現出尊重，即使在充滿挑戰的情況之下</p> <p>能承擔及回應病人、照顧者和跨專業團隊成員的需求和疑慮，以確保安全和有效的照護</p> <p>在所有互動中均強調病人隱私和自主</p>	<p>所有情況下均能向病人和照顧者展現同理心、慈悲和尊重</p> <p>以預測、代為倡導和主動作為來滿足病人和照顧者的需求</p> <p>展現對病人需求的回應優先於自身利益</p> <p>肯定跨專業團隊成員的投入，並合宜地將其意見納入照護計畫</p>	<p>能作為榜樣，展現對病人和照顧者的慈悲、同理心和尊重</p> <p>能作為榜樣，展現對病人和照顧者的需求予以預測和代言</p> <p>培養合作以提升跨專業團隊效能</p> <p>教導他人維護病人隱私和尊重病人自主權</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

17. Accepts responsibility and follows through on tasks. (PROF2)												
關鍵性不足					準備好無人監督下執行			力求精進				
<p>在完成病人照護責任或被分配的行政任務方面始終不可靠</p> <p>閃躲醫師的專業責任</p>		<p>及時完成大部分被分派任務，但可能需要多次提醒或其他的支持</p> <p>只有在被分派或強制時才承擔專業責任</p>			<p>根據當地執業和/或政策及時完成行政和病人照護的任務</p> <p>完成被分派的專業責任，不會質疑亦不需要提醒</p>			<p>將多項競爭性需求排出優先順序，以便及時且有效地完成任務和責任</p> <p>無論何種情況，都願意承擔專業責任</p>			<p>能作為榜樣，展現對多項競爭性需求排出優先順序，以便及時且有效地完成任務和責任</p> <p>協助他人對多項競爭性任務排出更佳的優先順序</p>	
<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"/>			
<p>Comments:</p>												

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

18. Responds to each patient's unique characteristics and needs. (PROF3)												
關鍵性不足					準備好無人監督下執行			力求精進				
<p>與病人/照護者互動時，對文化、民族、性別、人種、年齡和宗教信仰有關的差異缺乏敏感度</p> <p>不願意考量病人獨特的特徵和需求來修改照護計畫</p>		<p>對病人/照護者的文化、民族、性別、年齡和宗教信仰有關的差異具備敏感度及基本認知</p> <p>需要協助才能考量病人獨特的特徵和需求來修改照護計畫</p>			<p>力求完全了解每個病人基於文化、民族、性別、宗教信仰及個人偏好的獨特的特徵和需求</p> <p>考量病人獨特的特徵和需求來修改照護計畫，並獲得部分成功</p>			<p>認知並考量病人/照護者的獨特的特徵和需求</p> <p>考量病人獨特的特徵和需求適當地修改照護計畫</p>			<p>能作為榜樣，展現對為病人獨特特徵或需求有關的差異而進行協商的专业互動</p> <p>能作為榜樣，展現對病人獨特的特徵和需求有一貫的尊重</p>	
<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"/>		
Comments:												

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

19. Exhibits integrity and ethical behavior in professional conduct. (PROF4)									
關鍵性不足						準備好無人監督下執行		力求精進	
臨床互動、文件紀錄、研究或學術活動不誠實 拒絕對個人行為負責 不遵守基本的倫理原則 公然藐視正式的政策或程序		臨床互動、文件紀錄、研究或學術活動均誠實 專業行為需要被監督 對倫理原則、正式的政策和程序有基本的了解，不會故意忽視		臨床互動、文件紀錄、研究或學術活動均誠實坦率 病人照護呈現負責的態度 遵守倫理原則作文件紀錄、遵循正式的政策和程序、確認並限制利益衝突，並維護對研究和學術活動的倫理期望		對病人、社會和專業展現廉正、誠實和責任 積極處理具有挑戰性的倫理困境和利益衝突 辨識和合宜地回應同儕在專業行為的失誤		協助他人遵守倫理原則和行為，包括廉正、誠實和專業責任 能作為榜樣，展現對專業生涯的各個層面的廉正、誠實、問責和專業行為 定期反思個人專業行為	
<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"/>
Comments:									

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

20. Communicates effectively with patients and caregivers. (ICS1)											
關鍵性不足					準備好無人監督下執行		力求精進				
<p>照護計畫忽視病人的意願</p> <p>不嘗試讓病人參與共享決策</p> <p>與病人和照顧者常規地出現對立或意見相反的治療關係</p>		<p>讓病人參與照護計畫的討論，並尊重病人提出的意願，但不主動向病人徵詢</p> <p>嘗試發展與病人和照顧者的治療關係，但往往不成功</p> <p>將困難或模稜兩可的對話推遲給他人</p>			<p>讓病人參與簡單對話的共享決策</p> <p>遇到困難或模稜兩可的對話時需要協助來促進討論</p> <p>與不同社會經濟和文化背景的人進行交流時需要指引或協助</p>		<p>在廣泛的病人照護對話中辨識並納入病人意願於共享決策</p> <p>與病人者和照顧者（包括具有不同社會經濟和文化背景的人）快速建立治療關係</p> <p>將病人特定意願納入照護計畫</p>		<p>能作為榜樣，展現對在常規和具有挑戰性的情況下有效溝通和發展治療關係</p> <p>能作為榜樣，展現對跨文化通及與不同社會經濟背景的人建立治療關係</p>		
<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"/>		
Comments:											

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

21. Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary professionals and other support personnel). (ICS2)									
關鍵性不足						準備好無人監督下執行		力求精進	
使用的溝通策略 阻礙合作和團隊 運作 口頭和/或非言 語行為破壞了與 團隊成員的有效 合作		使用單向溝通，以致 無法運用團隊的智慧 拒絕接受團隊提供的 合作意見		未能一致地與團隊成員 進行合作的溝通 未能一致地使用口頭、 非語言和書面的溝通策 略來促進合作照護		一致地且積極地與團隊所 有成員作合作的溝通 口頭、非語言和書面溝通 能一致地促進團隊合作， 加強病人照護		作為榜樣並教導與團隊 合作的溝通，以提升病 人照護（即使在具有挑 戰性的環境和團隊成員 意見衝突時）	
<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"/>
Comments:									

INTERNAL MEDICINE MILESTONES

ACGME Report Worksheet

22. Appropriate utilization and completion of health records. (ICS3)										
關鍵性不足					準備好無人監督下執行			力求精進		
病歷紀錄缺少或漏失重要的臨床數據		病歷紀錄雜亂無章且不準確			病歷紀錄有組織且準確，但膚淺、遺漏關鍵數據或不能傳達臨床推理			病歷紀錄有組織、準確、全面和有效地交流臨床推理 病歷紀錄簡潔、具相關性和特定於病人		作為榜樣並教導有組織、準確和全面的病歷紀錄，其內容簡潔且特定於病人
<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"/>	
Comments:										

INTERNAL MEDICINE MILESTONES
ACGME Report Worksheet

Version 7/2014

Overall Clinical Competence

This rating represents the assessment of the resident's development of overall clinical competence during this year of training:

- Superior: Far exceeds the expected level of development for this year of training
- Satisfactory: Always meets and occasionally exceeds the expected level of development for this year of training
- Conditional on Improvement: Meets some developmental milestones but occasionally falls short of the expected level of development for this year of training. An improvement plan is in place to facilitate achievement of competence appropriate to the level of training.
- Unsatisfactory: Consistently falls short of the expected level of development for this year of training.

①

1. 蒐集及彙整必要和準確的信息來界定病人的臨床問題 (PC1)				
嚴重不足			準備好無監督執業	更高的期許
<p>未能準確地蒐集病史資料</p> <p>未能使用身體診察來確認病史</p> <p>僅憑藉他人的文件來產生自己的數據庫或鑑別診斷</p> <p>未能認知病人的核心臨床問題</p> <p>未能認知潛在危及生命的問題</p>	<p>未能一致地以系統性方式來獲得準確的病史</p> <p>未能正確地執行完整的身體診察或遺漏關鍵性的檢查發現</p> <p>不尋求或過於依賴二手數據</p> <p>未能一致地認知病人的核心臨床問題或僅作出有限的鑑別診斷</p>	<p>能一致地從病人獲得準確的病史</p> <p>於需要時能尋求和獲得來自二手來源的數據</p> <p>能一致地執行準確且完整度合宜的身體診察</p> <p>使用蒐集的數據來定義病人的核心臨床問題</p>	<p>能以高效率、具優先順序及假說引領的方式來蒐集準確的病史</p> <p>能針對病人的主訴執行準確的身體診察</p> <p>能綜合數據來產生具優先順序的鑑別診斷和問題列表</p> <p>有效地運用病史和身體診察技巧來盡量減少進一步診斷檢查的需求</p>	<p>獲取相關病史細微之處，包括告知鑑別診斷相關的敏感信息</p> <p>辨識細微或不尋常的身體診察結果</p> <p>有效地利用所有二手來源的數據來告知鑑別診斷</p> <p>教導如何有效地運用病史和身體診察技巧來盡量減少進一步診斷檢查的需求，並以身作則</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
評論：				

②

1. 蒐集及彙整必要和準確的信息來界定病人的臨床問題 (PC1)				
	<p>未能一致地以系統性方式來獲得準確的病史</p> <p>未能正確地執行完整的身體診察或遺漏關鍵性的檢查發現</p> <p>不尋求或過於依賴二手數據</p> <p>未能一致地認知病人的核心臨床問題或僅作出有限的鑑別診斷</p>	<p>能一致地從病人獲得準確的病史</p> <p>於需要時能尋求和獲得來自二手來源的數據</p> <p>能一致地執行準確且完整度合宜的身體診察</p> <p>使用蒐集的數據來定義病人的核心臨床問題</p>	<p>能以高效率、具優先順序及假說引領的方式來蒐集準確的病史</p> <p>能針對病人的主訴執行準確的身體診察</p> <p>能綜合數據來產生具優先順序的鑑別診斷和問題列表</p> <p>有效地運用病史和身體診察技巧來盡量減少進一步診斷檢查的需求</p>	<p>獲取相關病史細微之處，包括告知鑑別診斷相關的敏感信息</p> <p>辨識細微或不尋常的身體診察結果</p> <p>有效地利用所有二手來源的數據來告知鑑別診斷</p> <p>教導如何有效地運用病史和身體診察技巧來盡量減少進一步診斷檢查的需求，並以身作則</p>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
評論：				

③

Version 09/2013

The Obstetrics and Gynecology Milestones: Obstetrics, ACGME Report Worksheet

新生兒立即性照護 – 病人照護				
水平 1	水平 2	水平 3	水平 4	水平 5
對非窘迫狀況的嬰兒執行初始保持溫暖和乾燥	執行Apgar測試 辨識需要復甦的嬰兒	對窘迫狀況的嬰兒執行初始的復甦 提醒適當的團隊尋求協助	能執行不包括藥物治療的新生兒復甦（通過完成新生兒復甦〔NRP〕提供者課程〔包括操作技能站和情境模擬〕和展示提供者課程完成卡的收據）	管理需要照護復甦嬰兒的復甦和團隊
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
評論：				尚未輪訓 <input type="checkbox"/>

④

PC-1 在緊急和危急情況下以及在所有環境中照護急症或受傷的患者					
未達水平1	水平 1	水平 2	水平 3	水平 4	水平 5
	蒐集關於病人的基本訊息（病史、診察、診斷檢查，社會心理背景） 形成鑑別診斷 認知急性情況 臨床方案和指引的角色	恆常認知需要緊急或危急醫療的常見情況 利用適當的臨床方案和指導方針來穩定急性病病人 對任何主訴形成適當的鑑別診斷 為急性病制定適當的診斷和治療處置計畫	恆常認知需要緊急或危急醫療的複雜情況 適當地優先考慮急症病人的反應 為不太常見的急性疾病制定適當的診斷和治療處置計畫 解決急性病對病人和家屬的社會心理影響 安排適當的照護轉送	協調顧問和社區服務加入急診病人的照護 展現了解個人對急診病人照護在操作程序、知識和經驗的限制	為地方和區域照護系統內的急性病人提供和協調照護
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Key Dates in Educational Milestones History

Dates	Structure
1999	The six Core Competencies endorsed by ACGME and American Board of Medical Specialties (ABMS)
2001	The Outcome Project formally launched
2009	ACGME approves structure of NAS, including inclusion of the Milestones
2013	First seven specialties implement NAS, including Milestones reporting
2014	Remaining accredited specialties and subspecialties implement NAS, including Milestones reporting
2015	All specialties and subspecialties begin to report Milestones data
2018	Work begins on Milestones revisions, called Milestones 2.0

Key Dates in Educational Milestones History

- ❑ 1999年：ACGME和美國醫學專科委員會（ABMS）認可了六大核心能力
- ❑ 2001年：「成效計畫」正式啟動
- ❑ 2009年：ACGME批准NSA的結構，包括里程碑
- ❑ 2013年：前七個專科實施NAS，包括里程碑報告
- ❑ 2014年：其他受評專科及次專科實施NAS，包括里程碑報告
- ❑ 2015年：所有專科及次專科開始報告里程碑數據
- ❑ 2018年：開始進行里程碑修訂，稱為里程碑2.0

Milestones 2.0

General Description of Milestone Levels Related to Stage of Education

Competency: Subcompetency				
Level 1	Level 2	Level 3	Level 4	Level 5
Novice Resident/Fellow	Advanced Beginner Resident/Fellow	Competent Resident/Fellow	Proficient Resident/Fellow	Resident/Fellow Expert
Brand new to the specialty	Performs some tasks with limited autonomy	Performs common tasks with autonomy	Target for graduation (not a requirement)	Exceeds their peers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Example of the Basic Anatomy of a Milestone

Patient Care 5: Urgent and Emergent Medical Conditions				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Recognizes urgent and emergent medical conditions and initiates system protocols as appropriate</p> <p>Knows code status</p>	<p>Performs an initial assessment of patients with urgent and emergent conditions</p> <p>Discusses and clarifies code status with patient and family</p>	<p>Provides initial stabilization of patients with urgent and emergent medical conditions, as well as safe transitions in care</p> <p>Uses code status in clinical decision making</p>	<p>Coordinates the initial assessment and management of urgent and emergent conditions with the interprofessional care team</p> <p>Considers patient and family wishes to modify code status and subsequent care as appropriate</p>	<p>Anticipates clinical decompensation and intervenes early</p> <p>Leads conversation with medical team when care is futile</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> <p style="text-align: right;">Not Yet Assessable <input type="checkbox"/></p>				

Example of the Basic Anatomy of a Milestone

Patient Care 5: Urgent and Emergent Medical Conditions				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Recognizes urgent and emergent medical conditions and initiates system protocols as appropriate</p> <p>Knows code status</p>	<p>Performs an initial assessment of patients with urgent and emergent conditions</p> <p>Discusses and clarifies code status with patient and family</p>	<p>Provides initial stabilization of patients with urgent and emergent medical conditions, as well as safe transitions in care</p> <p>Uses code status in clinical decision making</p>	<p>Coordinates the initial assessment and management of urgent and emergent conditions with the interprofessional care team</p> <p>Considers patient and family wishes to modify code status and subsequent care as appropriate</p>	<p>Anticipates clinical decompensation and intervenes early</p> <p>Leads conversation with medical team when care is futile</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> <p style="text-align: right;">Not Yet Assessable <input type="checkbox"/></p>				

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ACGME

The Milestones Guidebook

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Sean O. Hogan, PhD
Stan Hamstra, PhD
Eric S. Holmboe, MD

Version 2020

Box Subcompetencies for the Harmonized Milestones

Interpersonal and Communication Skills (ICS)

- Patient- and Family-Centered Communication (ICS-1)
- Interprofessional and Team Communication (ICS-2)
- Communication Within Healthcare Systems (ICS-3)

Practice-Based Learning and Improvement (PBLI)

- Evidence-Based and Informed Practice (PBLI-1)
- Reflective Practice and Commitment to Personal Growth (PBLI-2)

Professionalism (PROF)

- Professional Behavior and Ethical Principles (PROF-1)
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ICS1: Patient and Family-Centered Communication

Level 1	Level 2	Level 3	Level 4	Level 5
<p>Uses language and nonverbal behavior to demonstrate respect and establish rapport</p> <p>Identifies common barriers to effective communication (e.g., language, disability) while accurately communicating own role within the healthcare system</p> <p>Identifies the need to adjust communication strategies based on assessment of patient/family expectations and understanding of their health status and treatment options</p>	<p>Establishes a therapeutic relationship in straightforward encounters using active listening and clear language</p> <p>Identifies complex barriers to effective communication (e.g. health literacy, cultural)</p> <p>Organizes and initiates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations and verifying understanding of the clinical situation</p>	<p>Establishes a therapeutic relationship in challenging patient encounters</p> <p>When prompted, reflects on personal biases while attempting to minimize communication barriers</p> <p>With guidance, sensitively and compassionately delivers medical information, elicits patient/family values, goals and preferences, and acknowledges uncertainty and conflict</p>	<p>Easily establishes therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity</p> <p>Independently recognizes personal biases while attempting to proactively minimize communication barriers</p> <p>Independently, uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan</p>	<p>Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships</p> <p>Role models self-awareness practice while identifying teaching a contextual approach to minimize communication barriers</p> <p>Role models shared decision making in patient/family communication including those with a high degree of uncertainty/conflict</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

ICS2: Interprofessional and Team Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully requests a consultation	Clearly and concisely requests a consultation	Checks own understanding of consultant recommendations	Coordinates recommendations from different members of the healthcare team to optimize patient care	Role models flexible communication strategies that value input from all healthcare team members, resolving conflict when needed
Respectfully receives a consultation request	Clearly and concisely responds to a consultation request	Checks understanding of recommendations when providing consultation		
Uses language that values all members of the healthcare team	Communicates information effectively with all healthcare team members	Uses active listening to adapt communication style to fit team needs		
	Solicits feedback on performance as a member of the healthcare team	Communicates concerns and provides feedback to peers and learners	Communicates feedback and constructive criticism to superiors	Facilitates regular healthcare team-based feedback in complex situations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

ICS3: Communication within Healthcare Systems

Level 1	Level 2	Level 3	Level 4	Level 5
<p>Accurately records information in the patient record</p> <p>Safeguards patient personal health information</p> <p>Communicates through appropriate channels as required by institutional policy (e.g. patient safety reports, cell phone/pager usage)</p>	<p>Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record</p> <p>Accurate, timely, and appropriate use of documentation shortcuts</p> <p>Documents required data in formats specified by institutional policy</p> <p>Respectfully communicates concerns about the system</p>	<p>Concisely reports diagnostic and therapeutic reasoning in the patient record</p> <p>Appropriately selects direct (e.g. telephone, in-person) and indirect (e.g. progress notes, text messages) forms of communication based on context</p> <p>Uses appropriate channels to offer clear and constructive suggestions to improve the system</p>	<p>Communicates clearly, concisely, timely, and in an organized written form, including anticipatory guidance.</p> <p>Achieves written or verbal communication (patient notes, email, etc.) that serves as an example for others to follow</p> <p>Initiates difficult conversations with appropriate stakeholders to improve the system</p>	<p>Models feedback to improve others' written communication</p> <p>Guides departmental or institutional communication around policies and procedures</p> <p>Facilitates dialogue regarding systems issues among larger community stakeholders (institution, health care system, field)</p>

Comments:

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Interpersonal and Communication Skills (ICS)

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PBL1: Evidence Based and Informed Practice

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates how to access and use available evidence, and incorporate patient preferences and values in order to take care of a routine patient	Articulates clinical questions and elicits patient preferences and values in order to guide evidence based care	Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients	Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailed to the individual patient	Coaches others to critically appraise and apply evidence for complex patients; and/or participates in the development of guidelines

Comments:

PBLI2 – Reflective Practice and Commitment to Personal Growth

Level 1	Level 2	Level 3	Level 4	Level 5
<p>Accepts responsibility for personal and professional development by establishing goals</p> <p>Identifies the factors which contribute to gap(s) between expectations and actual performance</p> <p>Actively seeks opportunities to improve</p>	<p>Demonstrates openness to performance data (feedback and other input) in order to inform goals</p> <p>Analyzes and reflects on the factors which contribute to gap(s) between expectations and actual performance</p> <p>Designs and implements a learning plan, with prompting</p>	<p>Seeks performance data episodically, with adaptability, and humility</p> <p>Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance</p> <p>Independently creates and implements a e learning plan</p>	<p>Intentionally seeks performance data consistently with adaptability, and humility</p> <p>Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance</p> <p>Uses performance data to measure the effectiveness of the learning plan and when necessary, improves it</p>	<p>Role models consistently seeking performance data with adaptability and humility</p> <p>Coaches others on reflective practice</p> <p>Facilitates the design and implementing learning plans for others</p>

Comments:

Box Subcompetencies for the Harmonized Milestones

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PROF-1: Professional Behavior and Ethical Principles

Level 1	Level 2	Level 3	Level 4	Level 5
<p>Identifies and describes potential triggers for professionalism lapses</p> <p>Describes when and how to appropriately report professionalism lapses, including strategies for addressing common barriers</p> <p>Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics</p>	<p>Demonstrates insight into professional behavior in routine situations</p> <p>Takes responsibility for own professionalism lapses</p> <p>Analyzes straightforward situations using ethical principles</p>	<p>Demonstrates professional behavior in complex or stressful situations</p> <p>Analyzes complex situations using ethical principles</p> <p>Recognizes need to seek help in managing and resolving complex ethical situations</p>	<p>Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others</p> <p>Recognizes and utilizes appropriate resources for managing and resolving ethical dilemmas as needed. (e.g., ethics consultations, literature review, risk management/legal consultation)</p>	<p>Coaches others when their behavior fails to meet professional expectations</p> <p>Identifies and seeks to address system-level factors that induce or exacerbate ethical problems, or impede their resolution</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

PROF-2: Accountability/Conscientiousness

Level 1	Level 2	Level 3	Level 4	Level 5
<p>Takes responsibility for failure to complete tasks and responsibilities, identifies potential contributing factors, and describes strategies for ensuring timely task completion in the future</p> <p>Responds promptly to requests or reminders to complete tasks and responsibilities</p>	<p>Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations</p> <p>Recognizes situations that may impact own ability to complete tasks and responsibilities in a timely manner</p>	<p>Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations</p> <p>Proactively implements strategies to ensure that the needs of patients, teams, and systems are met</p>	<p>Recognizes situations that may impact others' ability to complete tasks and responsibilities in a timely manner</p>	<p>Takes ownership of system outcomes</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

PROF-3: Self-awareness and Help-seeking

Level 1	Level 2	Level 3	Level 4	Level 5
<p>Recognizes status of personal and professional well-being with assistance</p> <p>Recognizes limits in the knowledge/skills of self or team with assistance</p>	<p>Independently recognizes status of personal and professional well-being</p> <p>Independently recognizes limits in the knowledge/skills of self or team</p> <p>Demonstrates appropriate help-seeking behaviors</p>	<p>With assistance, proposes a plan to optimize personal and professional well-being</p> <p>With assistance, proposes a plan to remediate or improve limits in the knowledge/skills of self or team</p>	<p>Independently develops a plan to optimize personal and professional well being</p> <p>Independently develops a plan to remediate or improve limits in the knowledge/skills of self or team</p>	<p>Coaches others when emotional responses or limitations in knowledge/skills do not meet professional expectations</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p>				

Box Subcompetencies for the Harmonized Milestones

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Internal Medicine Milestones

The Accreditation Council for Graduate Medical Education



ACGME

Second Revision: November 2020

First Revision: July 2013

Patient Care 1: History				
Level 1	Level 2	Level 3	Level 4	Level 5
Elicits and reports a comprehensive history for common patient presentations, with guidance	Elicits and concisely reports a hypothesis-driven patient history for common patient presentations	Elicits and concisely reports a hypothesis-driven patient history for complex patient presentations	Efficiently elicits and concisely reports a patient history, incorporating pertinent psychosocial and other determinants of health	Efficiently and effectively tailors the history taking, including relevant historical subtleties, based on patient, family, and system needs
Seeks data from secondary sources, with guidance	Independently obtains data from secondary sources	Reconciles current data with secondary sources	Uses history and secondary data to guide the need for further diagnostic testing	Models effective use of history to guide the need for further diagnostic testing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div>				

Patient Care 1: History				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>在指導下獲取並報告常見的病人表徵的綜合病史</p> <p>在指導下從二手來源尋求數據</p>	<p>獲取及簡明地報告常見的病人表徵的假設導向的病史</p> <p>獨立自二手來源獲得數據</p>	<p>獲取及簡明地報告複雜的病人表徵的假設導向的病史</p> <p>整合當前數據與二手來源數據</p>	<p>有效地獲取及簡明地報告結合相關的社會心理和其他健康決定因素的病人病史</p> <p>使用病史和二手數據來作為進一步檢查需求的指引</p>	<p>根據病人、家屬和系統的需要，高效率且有效地編撰病史，包括相關的病史細節</p> <p>建立利用病史的有效模式，以指引進一步檢查的需求</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/></p>				

Patient Care 2: Physical Examination

Level 1	Level 2	Level 3	Level 4	Level 5
<p>Performs a general physical examination while attending to patient comfort and safety</p> <p>Identifies common abnormal findings</p>	<p>Performs a hypothesis-driven physical examination for a common patient presentation</p> <p>Interprets common abnormal findings</p>	<p>Performs a hypothesis-driven physical examination for a complex patient presentation</p> <p>Identifies and interprets uncommon and complex abnormal findings</p>	<p>Uses advanced maneuvers to elicit subtle findings</p> <p>Integrates subtle physical examination findings to guide diagnosis and management</p>	<p>Models effective evidence-based physical examination technique</p> <p>Teaches the predictive values of the examination findings to guide diagnosis and management</p>

<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"/>
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Comments:

Not Yet Completed Level 1
 Not Yet Assessable

Patient Care 2: Physical Examination

Level 1	Level 2	Level 3	Level 4	Level 5
<p>在確保病人舒適和安全的同時進行常規身體診察</p> <p>辨識常見的異常發現</p>	<p>對常見的病人表徵依據假設來進行身體診察</p> <p>解釋常見的異常發現</p>	<p>對複雜的病人表徵依據假設來進行身體診察</p> <p>辨識並解釋不常見和複雜的異常發現</p>	<p>使用高技巧的手法獲取細微的發現</p> <p>整合細微的身體檢查結果來導引診斷和處置</p>	<p>建立有效的循證身體診察技術模式</p> <p>教導以檢查結果的預測值來指引診斷和處置</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/></p>				

Patient Care 3: Clinical Reasoning				
Level 1	Level 2	Level 3	Level 4	Level 5
Organizes and accurately summarizes information obtained from the patient evaluation to develop a clinical impression	<p>Integrates information from all sources to develop a basic differential diagnosis for common patient presentations</p> <p>Identifies clinical reasoning errors within patient care, with guidance</p>	<p>Develops a thorough and prioritized differential diagnosis for common patient presentations</p> <p>Retrospectively applies clinical reasoning principles to identify errors</p>	<p>Develops prioritized differential diagnoses in complex patient presentations and incorporates subtle, unusual, or conflicting findings</p> <p>Continually re-appraises one's own clinical reasoning to improve patient care in real time</p>	<p>Coaches others to develop prioritized differential diagnoses in complex patient presentations</p> <p>Models how to recognize errors and reflect upon one's own clinical reasoning</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div>				

Patient Care 3: Clinical Reasoning

Level 1	Level 2	Level 3	Level 4	Level 5
<p>組織並準確地總結從病人評估中獲得的信息，以作出臨床臆斷</p>	<p>整合來自所有來源的信息，為常見的病人表徵作出基本的鑑別診斷</p> <p>在指導下辨識病人照護中的臨床推理錯誤</p>	<p>為常見的病人表徵制定全面且優先排序的鑑別診斷</p> <p>應用臨床推理原理來回溯及辨識錯誤</p>	<p>在複雜的病人表徵中制定優先排序的鑑別診斷，並納入細微、異常或矛盾的發現</p> <p>不斷重新評估自己的臨床推理，並即時改善病人照護</p>	<p>指導其他人在複雜的病人表徵中制定優先排序的鑑別診斷</p> <p>建立如何辨識錯誤並反思自己臨床推理的模式</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> <p style="text-align: right;">Not Yet Assessable <input type="checkbox"/></p>				

Patient Care 4: Patient Management – Inpatient

Level 1	Level 2	Level 3	Level 4	Level 5
<p>Formulates management plans for common conditions, with guidance</p>	<p>Develops and implements management plans for common conditions, recognizing acuity, and modifies based on the clinical course</p>	<p>Develops and implements value-based (high value) management plans for patients with multisystem disease and comorbid conditions; modifies based on the clinical course</p>	<p>Uses shared decision making to develop and implement value-based (high value) comprehensive management plans for patients with comorbid and multisystem disease, including those patients requiring critical care</p>	<p>Develops and implements comprehensive management plans for patients with rare or ambiguous presentations or unusual comorbid conditions</p>
<p>Identifies opportunities to maintain and promote health</p>	<p>Develops and implements management plans to maintain and promote health, with guidance</p>	<p>Independently develops and implements plans to maintain and promote health, incorporating pertinent psychosocial and other determinants of health</p>	<p>Independently develops and implements comprehensive plans to maintain and promote health, incorporating pertinent psychosocial and other determinants of health</p>	

Comments:

Not Yet Completed Level 1
 Not Yet Assessable

Patient Care 4: Patient Management – Inpatient

Level 1	Level 2	Level 3	Level 4	Level 5
<p>在指導下制定常見狀況的處置計畫</p> <p>認知維持和促進健康的機會</p>	<p>制定並實施常見狀況的處置計畫，並具敏銳的辨識能力，根據臨床進程進行修訂</p> <p>在指導下制定並實施維護和促進健康的處置計畫</p>	<p>為患有多系統疾病和共病的病人制定並實施價值導向（高價值）的處置計畫；且根據臨床進程進行修訂</p> <p>獨立制定並實施計畫，以維護和促進健康，並納入有關健康的社會心理因素和其他決定因素</p>	<p>運用共享決策制定並實施針對多重共病和多系統疾病病人（包括需要加護照護的病人）以價值導向（高價值）的全方位處置計畫</p> <p>獨立制定和實施維護和促進健康的全方位計畫，並納入有關健康的社會心理因素和其他決定因素</p>	<p>為表徵罕見或模稜兩可或有異常共病的病人制定並實施全方位處置計畫</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Not Yet Completed Level 1
 Not Yet Assessable

Patient Care 5: Patient Management – Outpatient

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies opportunities to maintain and promote health	Develops and implements management plans to maintain and promote health	Develops and implements plans to maintain and promote health, incorporating pertinent psychosocial and other determinants of health	Develops and implements value-based (high-value) comprehensive plans to maintain and promote health	
Formulates management plans for a common chronic condition, with guidance	Develops and implements management plans for common chronic conditions	Develops and implements management plans for multiple chronic conditions	Develops and implements value-based (high value) comprehensive management plans for multiple chronic conditions, incorporating pertinent psychosocial and other determinants of health	Creates and leads a comprehensive patient-centered management plan for the patient with highly complex chronic conditions, integrating recommendations from multiple disciplines
Formulates management plans for acute common conditions, with guidance	Develops and implements management plans for common acute conditions	Develops and implements an initial management plan for patients with urgent or emergent conditions in the setting of chronic comorbidities	Develops and implements value-based (high value) management plans for patients with acute conditions	Develops and implements management plans for patients with subtle presentations, including rare or ambiguous conditions

Comments:

Not Yet Completed Level 1
 Not Yet Assessable

Patient Care 5: Patient Management – Outpatient

Level 1	Level 2	Level 3	Level 4	Level 5
<p>認知維持和促進健康的機會</p> <p>在指導下制定針對常見慢性狀況的處置計畫</p> <p>在指導下制定針對急性常見狀況的處置計畫</p>	<p>制定並實施處置計畫以維持和促進健康</p> <p>制定並執行常見慢性狀況的處置計畫</p> <p>制定並執行常見急性狀況的處置計畫</p>	<p>制定並實施計畫，以維護和促進健康，並納入有關健康的社會心理因素和其他決定因素</p> <p>制定並實施多重慢性狀況的處置計畫</p> <p>為患有慢性共病的危急或緊急情況的病人制定並實施初步處置計畫</p>	<p>制定並實施價值導向（高價值）的全方位計畫，以維護和促進健康</p> <p>針對多種慢性狀況制定並實施價值導向（高價值）的全方位處置計畫，並納入相關的心理社會因素和其他健康決定因素</p> <p>為急性狀況病人制定並實施價值導向的（高價值）處置計畫</p>	<p>為高度複雜的慢性狀況病人創建並領導以病人為中心的全方位處置計畫，並整合多個專業職類的建議</p> <p>制定和實施針對細微表現的病人（包括罕見或模稜兩可情況）的處置計畫</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Not Yet Completed Level 1
 Not Yet Assessable

Patient Care 6: Digital Health				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Uses electronic health record (EHR) for routine patient care activities</p> <p>Identifies the required components for a telehealth visit</p>	<p>Expands use of EHR to include and reconcile secondary data sources in patient care activities</p> <p>Performs assigned telehealth visits using approved technology</p>	<p>Effectively uses EHR capabilities in managing acute and chronic care of patients</p> <p>Identifies clinical situations that can be managed through a telehealth visit</p>	<p>Uses EHR to facilitate achievement of quality targets for patient panels</p> <p>Integrates telehealth effectively into clinical practice for the management of acute and chronic illness</p>	<p>Leads improvements to the EHR</p> <p>Develops and innovates new ways to use emerging technologies to augment telehealth visits</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> <p style="text-align: right;">Not Yet Assessable <input type="checkbox"/></p>				

Patient Care 6: Digital Health

Level 1	Level 2	Level 3	Level 4	Level 5
<p>應用電子病歷紀錄 (EHR) 進行常規病人照護活動</p> <p>認知遠距醫療照護所需的組件</p>	<p>擴大EHR的使用範圍，以在病人照護活動中融入二手數據來源</p> <p>使用經核准的技術執行指定的遠距醫療照護</p>	<p>有效地利用EHR功能來處理急性和慢性的病人照護</p> <p>識別可以經由遠距醫療照護進行處理的臨床情況</p>	<p>使用EHR促進病人醫療品質目標的實現</p> <p>有效地將遠距醫療整合到臨床執業中，以處置急性和慢性疾病</p>	<p>領導改進EHR</p> <p>開發和創新使用新興技術來增加遠距醫療照護的新方法</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> <p style="text-align: right;">Not Yet Assessable <input type="checkbox"/></p>				

Medical Knowledge 1: Applied Foundational Sciences

Level 1	Level 2	Level 3	Level 4	Level 5
Explains the scientific knowledge (e.g., physiology, social sciences, mechanism of disease) for normal function and common medical conditions	Explains the scientific knowledge for complex medical conditions	Integrates scientific knowledge to address comorbid conditions within the context of multisystem disease	Integrates scientific knowledge to address uncommon, atypical, or complex comorbid conditions within the context of multisystem disease	Demonstrates a nuanced understanding of the scientific knowledge related to uncommon, atypical, or complex conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/>

Medical Knowledge 1: Applied Foundational Sciences

Level 1	Level 2	Level 3	Level 4	Level 5
解釋正常功能和常見醫學狀況的科學知識（例如：生理學、社會科學、疾病機理）	闡述複雜疾病的科學知識	整合科學知識以處理多系統疾病中的多重共病	整合科學知識，以處理多系統疾病背景下的罕見、非典型或複雜多重共病	表現出對與罕見、非典型或複雜情況相關的科學知識的細微理解
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <div style="float: right; text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div>				

Medical Knowledge 2: Therapeutic Knowledge				
Level 1	Level 2	Level 3	Level 4	Level 5
Explains the scientific basis for common therapies	Explains the indications, contraindications, risks, and benefits of common therapies	Integrates knowledge of therapeutic options in patients with comorbid conditions, multisystem disease, or uncertain diagnosis	Integrates knowledge of therapeutic options within the clinical and psychosocial context of the patient to formulate treatment options	Demonstrates a nuanced understanding of emerging, atypical, or complex therapeutic options
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div>				

Medical Knowledge 2: Therapeutic Knowledge

Level 1	Level 2	Level 3	Level 4	Level 5
解釋常見療法的科學依據	說明常見療法的適應症、禁忌症、風險和益處	整合共病狀況、多系統疾病或診斷不確定的病人的治療選項知識	在病人的臨床和社會心理背景下整合治療選項的知識，以制定治療方案	展現出理解新興、非典型或複雜治療方案的細微差別
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div>				

Medical Knowledge 3: Knowledge of Diagnostic Testing				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Explains the rationale, risks, and benefits for common diagnostic testing</p> <p>Interprets results of common diagnostic tests</p>	<p>Explains the rationale, risks, and benefits for complex diagnostic testing</p> <p>Interprets complex diagnostic data</p>	<p>Integrates value and test characteristics of various diagnostic strategies in patients with common diseases</p> <p>Integrates complex diagnostic data accurately to reach high-probability diagnoses</p>	<p>Integrates value and test characteristics of various diagnostic strategies in patients with comorbid conditions or multisystem disease</p> <p>Anticipates and accounts for limitations when interpreting diagnostic data</p>	<p>Demonstrates a nuanced understanding of emerging diagnostic tests and procedures</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p>				<p>Not Yet Completed Level 1 <input type="checkbox"/></p> <p>Not Yet Assessable <input type="checkbox"/></p>

Medical Knowledge 3: Knowledge of Diagnostic Testing

Level 1	Level 2	Level 3	Level 4	Level 5
<p>解釋常見診斷性檢查的原理、風險和效益</p> <p>解釋常見診斷性檢查的結果</p>	<p>解釋複雜診斷性檢查的原理、風險和效益</p> <p>解釋複雜的診斷數據</p>	<p>整合常見疾病病人各種診斷策略的價值和測試特徵</p> <p>準確地整合複雜的診斷數據，以達成高概率的診斷</p>	<p>對多重共病或多系統疾病病人的各種診斷策略的價值和測試特徵進行整合</p> <p>解釋診斷數據時預期並考慮限制</p>	<p>表現出對新興診斷性檢查及其程序的細微了解</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Not Yet Completed Level 1
 Not Yet Assessable

Systems-Based Practice 1: Patient Safety and Quality Improvement

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of common patient safety events	Identifies system factors that lead to patient safety events	Contributes to the analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Leads teams and processes to modify systems to prevent patient safety events
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems (actual or simulated)	Participates in disclosure of patient safety events to patients and families (simulated or actual)	Discloses patient safety events to patients and families (simulated or actual)	Models the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)	Contributes to local quality improvement initiatives	Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	Creates, implements, and assesses sustainable quality improvement initiatives at the institutional or community level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Not Yet Completed Level 1

Systems-Based Practice 1: Patient Safety and Quality Improvement

Level 1	Level 2	Level 3	Level 4	Level 5
<p>展現常見病人安全事件的知識</p> <p>展現有關如何報告病人安全事件的知識</p> <p>展現有關基本品質改進方法和指標的知識</p>	<p>辨識導致病人安全事件的系統因素</p> <p>經由機構報告系統（實際或模擬）報告病人安全事件</p> <p>描述在地品質改進計畫（例如：社區疫苗接種率、感染率、戒菸）</p>	<p>協助分析病人安全事件（模擬或實際）</p> <p>參與向病人和家人（模擬或實際）披露病人安全事件</p> <p>為在地品質改進計畫做出貢獻</p>	<p>進行病人安全事件分析並提供錯誤預防策略（模擬或實際）</p> <p>向病人和家屬披露病人安全事件（模擬的或實際的）</p> <p>展現辨識、開發、實施和分析品質改進項目所需的技能</p>	<p>領導團隊和流程來修改系統，以防止病人發生安全事件</p> <p>制定病人安全事件的披露模式</p> <p>在機構或社區創建、實施和評估持續品質改進計畫</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p>				

Systems-Based Practice 2: System Navigation for Patient-Centered Care

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of care coordination	Coordinates care of patients by effectively engaging interprofessional teams in routine clinical situations	Coordinates care of patients by effectively engaging interprofessional teams in complex clinical situations	Models effective coordination of patient-centered care among different disciplines and specialties	Analyzes the process of care coordination and leads in the design and implementation of improvements
Identifies key elements for safe and effective transitions of care and hand-offs	Performs safe and effective transitions of care/hand-offs in routine clinical situations	Performs safe and effective transitions of care/hand-offs in complex clinical situations	Models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems, including outpatient settings	Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes
Demonstrates knowledge of population and community health needs and disparities	Identifies specific population and community health needs and inequities for the local population	Uses local resources effectively to meet the needs of a patient population and community	Participates in changing and adapting practice to provide for the needs of specific populations	Leads innovations and advocates for populations and communities with health care inequities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Not Yet Completed Level 1

Systems-Based Practice 2: System Navigation for Patient-Centered Care

Level 1	Level 2	Level 3	Level 4	Level 5
<p>展現照護協調的知識</p> <p>認知安全有效地轉移照護和移交的關鍵要素</p> <p>展示有關人口族群族群和社區醫療衛生需求和差異的知識</p>	<p>在常規臨床情況下有效地參與跨領域團隊來協調病人的照護</p> <p>在常規臨床情況下執行安全有效的照護移交</p> <p>認知特定人口族群和社區醫療衛生需求以及在地人口族群中的不平等</p>	<p>在複雜的臨床情況下有效地參與跨領域團隊來協調病人的照護</p> <p>在複雜的臨床情況下執行安全有效的照護移交</p> <p>有效地利用在地資源來滿足病人族群和社區的需求</p>	<p>建立不同職類和專料之間以病人為中心的照護的有效協調模式</p> <p>在醫療服務提供系統內和跨醫療服務系統（包括門診）間制定安全有效的過渡模式和擔任倡導者</p> <p>參與改變和調整執業以滿足特定人群的需求</p>	<p>分析照護協調過程，並指導改進的設計和實施</p> <p>提高醫療服務提供系統內和跨醫療服務系統間的過渡服務品質，以優化病人預後</p> <p>領導創新和倡導改善醫療照護不平等的族群和社區</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Not Yet Completed Level 1

Systems-Based Practice 3: Physician Role in Health Care Systems

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies key components of the health care system	Describes how components of a complex health care system are interrelated, and how this impacts patient care	Discusses how individual practice affects the regional and national health care system	Manages various components of the complex health care system to provide efficient and effective patient care	Advocates for or leads systems change that enhances high-value, efficient, and effective patient care
Describes basic health payment systems	Delivers care with consideration of each patient's payment model	Engages with patients in shared decision making, informed by each patient's payment models	Advocates for patient care needs with consideration of the limitations of each patient's payment model	Actively engaged in influencing health policy through advocacy activities at the local, regional, or national level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Not Yet Completed Level 1

Systems-Based Practice 3: Physician Role in Health Care Systems

Level 1	Level 2	Level 3	Level 4	Level 5
<p>認知醫療照護系統的關鍵組成部分</p> <p>描述基本的醫療支付系統</p>	<p>描述複雜的醫療照護系統的各個組成部分如何相互關聯，以及如何影響病人照護</p> <p>執行照護時考慮每個病人的付款方式</p>	<p>討論個人執業如何影響區域和國家醫療照護系統</p> <p>依據每個病人的付款模式邀請病人參與共享決策</p>	<p>處理複雜醫療照護系統的各個組成部分，以提供有效的病人照護</p> <p>倡導病人照護需求，同時考慮到每個病人支付模式的局限性</p>	<p>倡導或領導系統變革，以增強高價值、高效率 and 有效的病人照護</p> <p>積極參與地方、區域或國家級的倡導活動來影響衛生政策</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Not Yet Completed Level 1

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates how to access, categorize, and analyze clinical evidence, with guidance	Articulates clinical questions and elicits patient preferences and values to guide evidence-based care	Critically appraises and applies the best available evidence, integrated with patient preference, to the care of complex patients	Applies evidence, even in the face of uncertainty and conflicting evidence, to guide care, tailored to the individual patient	Coaches others to critically appraise and apply evidence to patient care

Comments:

Not Yet Completed Level 1

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice

Level 1	Level 2	Level 3	Level 4	Level 5
<p>在指導下展現如何搜尋、分類和分析臨床證據</p>	<p>闡明臨床問題並獲取病人偏好和價值觀，以指導循證照護</p>	<p>嚴格評讀和應用最佳的證據，並結合病人偏好，對複雜病人進行照護</p>	<p>即使面對不確定性和矛盾的證據，也要應用證據來指引對病人的照護</p>	<p>指導他人嚴格評讀並將證據應用於病人照護</p>

Comments:

Not Yet Completed Level 1

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth

Level 1	Level 2	Level 3	Level 4	Level 5
<p>Accepts responsibility for personal and professional development by establishing goals</p> <p>Identifies the factors that contribute to gap(s) between ideal and actual performance, with guidance</p>	<p>Demonstrates openness to performance data (feedback and other input) to inform goals</p> <p>Analyzes and reflects on the factors which contribute to gap(s) between ideal and actual performance, with guidance</p> <p>Actively seeks opportunities to improve</p>	<p>Seeks performance data episodically, with adaptability, and humility</p> <p>Institutes behavioral change(s) to narrow the gap(s) between ideal and actual performance</p> <p>Designs and implements an individualized learning plan, with prompting</p>	<p>Seeks performance data consistently with adaptability, and humility</p> <p>Challenges one's own assumptions and considers alternatives in narrowing the gap(s) between ideal and actual performance</p> <p>Independently creates and implements an individualized learning plan</p>	<p>Models consistently seeking performance data with adaptability and humility</p> <p>Coaches others on reflective practice</p> <p>Uses performance data to measure the effectiveness of the individualized learning plan and when necessary, improves it</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Not Yet Completed Level 1

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth

Level 1	Level 2	Level 3	Level 4	Level 5
<p>制定目標來承擔個人和專業發展的責任</p> <p>在指導下辨識導致理想表現與實際表現差距的因素</p>	<p>展現對績效數據（回饋和其他來源）的開放心態，以告知目標</p> <p>在指導下分析和思考造成理想績效與實際績效之間差距的因素</p> <p>積極尋求改善的機會</p>	<p>以調適和謙遜的態度尋求績效數據</p> <p>進行行為改變以縮小理想表現與實際表現之間的差距</p> <p>在提示之下設計並實施個人化的學習計畫</p>	<p>始終以調適和謙遜的態度尋找績效數據</p> <p>挑戰自己的假設並考慮替代方案以縮小理想表現與實際表現之間的差距</p> <p>獨立制定和實施個人化的學習計畫</p>	<p>制訂以調適和謙遜的態度不斷尋求績效數據的模型</p> <p>指導他人反思性執業</p> <p>使用績效數據來衡量個人化學習計畫的有效性，並在必要時進行改善</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Not Yet Completed Level 1

Professionalism 1: Professional Behavior

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates professional behavior in routine situations	Identifies potential triggers for professionalism lapses and accepts responsibility for one's own professionalism lapses	Demonstrates a pattern of professional behavior in complex or stressful situations	Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in oneself and others	Coaches others when their behavior fails to meet professional expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p>				

Professionalism 1: Professional Behavior

Level 1	Level 2	Level 3	Level 4	Level 5
展現常規情況下的專業行為	找出可能導致專業水平下降的原因，並對自己的專業水平下降承擔責任	展現在復雜或壓力大的情況下的專業行為模式	認知可能會觸發專業失誤並進行介入以防止自己和他人失誤的情況	當他人的行為達不到專業期望時指導他人
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Not Yet Completed Level 1

Professionalism 2: Ethical Principles

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of basic ethical principles	Applies basic principles to address straightforward ethical situations	Analyzes complex situations using ethical principles and identifies the need to seek help in addressing complex ethical situations	Analyzes complex situations and engages with appropriate resources for managing and addressing ethical dilemmas as needed	Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
Not Yet Completed Level 1 <input type="checkbox"/>				

Professionalism 2: Ethical Principles

Level 1	Level 2	Level 3	Level 4	Level 5
展現基本倫理原則的知識	應用基本原則解決直接的倫理問題	應用倫理原則分析複雜情況並在處理複雜倫理情況時認知尋求協助的需求	分析複雜情況並根據需要投入適當的資源來管理和處理倫理困境	認知並尋求處理導致或加劇倫理問題或阻礙其解決的系統級因素
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
Not Yet Completed Level 1 <input type="checkbox"/>				

Professionalism 3: Accountability/Conscientiousness

Level 1	Level 2	Level 3	Level 4	Level 5
Performs administrative tasks and patient care responsibilities, with prompting	Performs administrative tasks and patient care responsibilities in a timely manner in routine situations	Performs administrative tasks and patient care responsibilities in a timely manner in complex or stressful situations	Proactively implements strategies to ensure that the needs of patients, teams, and systems are met	Creates strategies to enhance other's ability to efficiently complete administrative tasks and patient care responsibilities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Not Yet Completed Level 1

Professionalism 3: Accountability/Conscientiousness

Level 1	Level 2	Level 3	Level 4	Level 5
在提示下執行行政事務和病人照護責任	在常規情況下及時執行行政事務和病人照護責任	在複雜或壓力大的情況下及時執行行政事務和病人照護責任	積極實施策略，以確保滿足病人、團隊和系統的需求	制定策略以增強他人有效完成行政事務和病人照護責任的能力
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p>				

Professionalism 4: Knowledge of Systemic and Individual Factors of Well-Being*

Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes the importance of getting help when needed to address personal and professional well-being	Lists resources to support personal and professional well-being Recognizes that institutional factors affect well-being	With prompting, reflects on how personal and professional well-being may impact one's clinical practice Describes institutional factors that affect well-being	Reflects on actions in real time to proactively respond to the inherent emotional challenges of physician work Suggests potential solutions to institutional factors that affect well-being	Participates in institutional changes to promote personal and professional well-being
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Not Yet Completed Level 1

*This subcompetency is not intended to evaluate a resident's well-being. Rather, the intent is to ensure that each resident has the fundamental knowledge of factors that impact well-being, the mechanism by which those factors impact well-being, and available resources and tools to improve well-being.

Professionalism 4: Knowledge of Systemic and Individual Factors of Well-Being*

Level 1	Level 2	Level 3	Level 4	Level 5
<p>認知個人和專業的良好狀態在需要時獲得幫助的重要性</p>	<p>列出支持個人和專業良好狀態的資源</p> <p>認知影響良好狀態的機構因素</p>	<p>在提示下，反思個人和專業的良好狀態如何影響臨床執業</p> <p>描述影響良好狀態的機構因素</p>	<p>即時以行動反映，主動因應醫師工作所固有的情感挑戰</p> <p>建議對影響良好狀態的機構因素的潛在解決方案</p>	<p>參與機構改革，以促進個人和職業的良好狀態</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p>				

*This subcompetency is not intended to evaluate a resident's well-being. Rather, the intent is to ensure that each resident has the fundamental knowledge of factors that impact well-being, the mechanism by which those factors impact well-being, and available resources and tools to improve well-being.

Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication

Level 1	Level 2	Level 3	Level 4	Level 5
Uses language and non-verbal behavior to demonstrate respect and establish rapport	Establishes and maintains a therapeutic relationship using effective communication behaviors in straightforward encounters Identifies common barriers to effective communication	Establishes and maintains a therapeutic relationship using effective communication behaviors in challenging patient encounters Identifies complex barriers to effective communication, including personal bias	Establishes and maintains therapeutic relationships using shared decision making, regardless of complexity Mitigates communication barriers	Coaches others in developing and maintaining therapeutic relationships and mitigating communication barriers Models the mitigation of communication barriers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Not Yet Completed Level 1

Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication

Level 1	Level 2	Level 3	Level 4	Level 5
<p>使用語言和非語言行為表現出尊重並建立融洽的關係</p>	<p>在直接的互動中使用有效的溝通行為來建立和維持治療關係</p> <p>認知有效溝通的常見障礙</p>	<p>在有挑戰性的病人互動中使用有效的溝通行為來建立和維持治療關係</p> <p>認知有效溝通的複雜障礙，包括個人偏見</p>	<p>無論在何種複雜情況，使用共享決策以維護治療關係</p> <p>緩解溝通障礙</p>	<p>指導他人發展和維持治療關係並緩解溝通障礙</p> <p>為緩解溝通障礙建立模式</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p>				

Interpersonal and Communication Skills 2: Interprofessional and Team Communication

Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully requests and responds to a consultation	Clearly and concisely requests and responds to a consultation	Checks own and others' understanding of recommendations when providing or receiving consultation	Coordinates recommendations from different consultants to optimize patient care	Facilitates conflict resolution between and amongst consultants when disagreement exists
Uses verbal and non-verbal communication that values all members of the interprofessional team	Communicates information, including basic feedback with all interprofessional team members	Facilitates interprofessional team communication to reconcile conflict and provides difficult feedback	Adapts communication style to fit interprofessional team needs and maximizes impact of feedback to the team	Models flexible communication strategies that facilitate excellence in interprofessional teamwork
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <div style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></div>				

Interpersonal and Communication Skills 2: Interprofessional and Team Communication

Level 1	Level 2	Level 3	Level 4	Level 5
<p>帶著尊重來要求及回應照會</p> <p>使用口頭和非語言溝通，重視跨領域團隊的所有成員</p>	<p>明確簡潔地要求及回應照會</p> <p>與所有跨領域團隊成員交流信息，包括基本回饋</p>	<p>提供或接受照會時檢查自己和他人對建議的理解</p> <p>促進專業團隊之間的溝通以緩和衝突並提供困難狀況的回饋</p>	<p>協調不同照會者的建議，以優化病人照護</p> <p>調整溝通風格以適應專業團隊的需求，並最大限度地提高回饋對團隊的影響</p>	<p>當有意見分歧時，促使解除照會者之間的衝突</p> <p>建立靈活的溝通策略模式，以促進跨領域團隊合作的卓越表現</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p>				

Interpersonal and Communication Skills 3: Communication within Health Care Systems

Level 1	Level 2	Level 3	Level 4	Level 5
<p>Accurately documents comprehensive and current information</p> <p>Communicates using formats specified by institutional policy to safeguard patient personal health information</p>	<p>Documents clinical encounter, including reasoning, through organized notes</p> <p>Selects direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context, with assistance</p>	<p>Documents clinical encounter through concise and thorough notes</p> <p>Appropriately selects direct and indirect forms of communication based on context</p>	<p>Documents clinical encounter clearly, concisely, timely, and in an organized form, including anticipatory guidance</p> <p>Models effective written and verbal communication</p>	<p>Guides departmental or institutional communication policies and procedures</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p>				

Interpersonal and Communication Skills 3: Communication within Health Care Systems

Level 1	Level 2	Level 3	Level 4	Level 5
<p>準確記錄全面的及最新的信息</p> <p>使用機構政策指定的格式進行交流，以保護病人的個人健康信息</p>	<p>有組織性地記錄臨床狀況，包括推理</p> <p>在協助下依狀況所需選擇直接（例如電話、面對面）和間接（例如病程紀錄，文字訊息）的溝通方式</p>	<p>以簡明且深入的說明來記錄臨床狀況</p> <p>依狀況所需適在地選擇直接和間接的溝通方式</p>	<p>清晰、簡潔、及時、有組織地記錄臨床狀況，包括預期的指示</p> <p>建立有效的書面和口頭溝通模式</p>	<p>指導部門或機構的溝通政策和程序</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p> <p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p>				

感謝聆聽
敬請指教

