**Outcomes Assessment Starter Pack**

The following table is a tool to help programs identify tools that could be used to assess resident performance on each of the Core Outcomes of Family Medicine Residency Education. These tools have been gathered from multiple sources, including the ACGME website and have been vetted by the STFM CBME Task Force. These are suggestions for tools that could be used; none are required.

When using this list, keep the following in mind:

* + - * The 15 Core Outcomes are noted in green.
      * In yellow, each of the Core Outcomes has been mapped to ACGME Family Medicine sub-competencies at Level 4.
      * Following the table there is a collection of links to many of the evaluation types listed. Links to more tools will be added as they become available.

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| **Core Outcome** | **Assessment Tools** |
| 1. Develop effective **communication** and constructive relationships with patients, clinical teams, and consultants | * Direct observation documented in a Mobile App * Direct observation tools with focus on communication, PCOF is one example. * Hand-off Observation using I-pass * Consultant feedback/eval * Multi-source Feedback/360 Eval- patient evals, peer evals, staff evals-Inpt/OutPt * Chart reviews that look at documentation * Chart Stimulated Recall (CSR) |
| **Sub-comps (Level 4):**  **PC-**2,3,4 **SBP**-2 **ICS-**1,2,3 |
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| 1. Practice as personal physicians, providing first-contact access, comprehensive, and **continuity care**, to include excellent doctor-patient **relationships,** excellent care of **chronic disease, routine preventive care** and effective **practice management** | * Direct observation documented in a Mobile App * Direct observation tools with focus on communication, PCOF is one example * Shift evals in continuity clinic * Patient evaluations * Chart review with focus on problem/med list updates * Review of billing and coding, Chart Reviews that include billing * Continuity data reports * Assessment of QI project completion |
| **Sub-comps (Level 4):**  **PC**-2,3,5 **MK-**1 **SBP**-2 **PBLI**-1 **ICS**-1 |
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| 1. Diagnose and manage **acute illness** and injury for people of all ages in the emergency room or hospital | * Direct observation in the ER, urgent care, ICU, inpatient setting, documented in a Mobile App * Shift evals in the acute setting * End of rotation eval with this embedded * Successful completion of ACLS, ATLS, other SIM assessments * OSCE * Chart Stimulated Recall (CSR) |
| **Sub-comps (Level 4):**  **PC**-1,4 **MK**-2 **ICS**-1 |
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| 1. Provide comprehensive **care of children**, including diagnosis and mgt of the acutely ill child and routine preventive care | * Direct observation documented in a Mobile App * Shift evals for dedicated care of this age group * End of rotation eval with this embedded * Successful completion of NRP, PALS * OSCE/SIM assessments * Chart review * Chart Stimulated Recall (CSR) |
| **Sub-comps (Level 4):**  **PC**-1,2,3,4 **MK**-1,2 **SBP**-2 **PBLI-**1 **ICS**-1 |
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| 1. Model **professionalism** and be trustworthy for patients, peers, and communities | * Direct observation documented in a Mobile App * Multi-source Feedback/360 Eval-patient and peer evals, staff evals-including admin staff * Advisor assessment of participation in an Individualized Learning Plan as a Master Adaptive Learner * Professionalism modules or custom professionalism focused assessments * Teamwork effectiveness assessment module (TEAM)-ACGME |
| **Sub-comps (Level 4):**  **MK**-1 SBP-4 **PBLI**-2 **Prof**-1,2,3 **ICS**-1,2,3 |

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| **Core Outcome** | **Assessment Tools** |
| 1. Practice as personal physicians, to include **care of women**, the **elderly,** and patients at the **end of life**, with excellent rate of c**ontinuity** and appropriate **referrals**. | * Direct observation of encounters related to Women’s Health/Gyn, Care of the Older Patient/Geriatrics, documented in a Mobile App * Direct observation of encounter where end of life concerns addressed * Shift evals that have questions mapped to this Outcome * Question added to end of rotation evaluations on the following rotations: Women’s Health/Gyn, Care of the Older Patient/Geriatrics * Chart reviews targeting these groups * Log of continuity and elderly patients who have been seen in more than one setting * Continuity data reports |
| **Sub-comps (Level 4):**  **PC**-2,3,4,5. **MK-**1,2. **SBP**-2,3 **PBLI-**1 **ICS-**1 |
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| 1. Provide care for low-risk patients who are pregnant, to include management of early **pregnancy**, medical problems during pregnancy, prenatal care, postpartum care and breastfeeding, with or without competence in labor and delivery. | * Direct observation of OB patients in both the clinic and Labor and Delivery, documented in a Mobile App * Shift evals that have questions mapped to this Outcome * Multi-source Feedback/360 evals completed by staff on labor and delivery * Question added to end of rotation evaluations on OB or similar rotation * ALSO completion or other SIM * Chart reviews of prenatal patients |
| **Sub-comps (Level 4):**  **PC**-1,3,5 |
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| 1. Diagnose and manage of common **mental health** problems in people of all ages. | * Direct observation of patients presenting with mental health concerns, documented in a Mobile App * Shift evals that have questions mapped to this Outcome in continuity clinic or designated rotation * Question added to end of rotation evaluations on Behavioral Health or similar rotation |
| **Sub-comps (Level 4):**  **PC**-2,4 **MK-**1 **SBP**-2 **PBLI-**1 **Prof**-2 **ICS-**1 |
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| 1. Perform the **procedures** most frequently needed by patients in continuity and hospital practices. | * Direct observation tools designed for procedures, such as PCATs and BSQs (Basic Skills Qualifications) or generic procedure assessment * Shift evals for dedicated care of this age group * Successful completion of NRP, PALS, or other SIM training * OSCE |
| **Sub-comps (Level 4):**  **PC**-5 |
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| 1. Model **lifelong learning** and engage in **self-reflection.** | * Direct observation documented in a Mobile App Mobile App * Advisor assessment of participation in an Individualized Learning Plan as a Master Adaptive Learner * Journal Club Assessment * Professionalism modules or focused written exam * Completion of ABFM modules * Reflective writing assignments |
| **Sub-comps (Level 4):**  **PC**-2 **MK-**2 **SBP**-1 **PBLI-**1,2 **Prof** -3 |

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| **Core Outcome** | **Assessment Tools** |
| 1. Practice as personal physicians, to include **musculoskeletal health**, appropriate **medication use** and **coordination of care** by helping patients navigate a complex health system. | * Direct observation using Mobile App of patient presenting with musculoskeletal concerns * Multi-source feedback patient evals, peer evals, staff evals-Inpatient/Outpatient * Shift evals that have questions mapped to this Outcome * Chart reviews targeting medication use * Reports addressing high risk medications such as opioids and other controlled substances prescribed |
| **Sub-comps (Level 4):**  **PC**-2,5 **MK-**1,2. **SBP**-2 **PBLI-**1 **Prof-**2 **ICS-**1 |
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| 1. Provide **preventive care** that improves wellness, modifies risk factors for illness and injury, and detects illness in early, treatable, stages for people of all ages while supporting patients’ values and preferences. | * Direct Observation in continuity clinic documented in a Mobile App * Shift Evals in continuity clinic addressing preventative care * Chart reviews addressing health maintenance * Reports on completion of health care maintenance on panel patients |
| **Sub-comps (Level 4):**  **PC**-3 **MK-**1 **SBP**-3 **ICS-**1 |
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| 1. Assess **priorities of care** for individual patients across the continuum of care—in-office visits, emergency, hospital, and other settings, balancing the preferences of patients and medical priorities. | * Direct observation documented in a Mobile App * OSCE/SIM * Add question addressing priorities of care for patients on evaluations across settings * Multi-source Feedback/360 Evaluation including patient surveys. * OSCE/SIM |
| **Sub-comps (Level 4):**  **PC**-1,2,4 **MK-**2. **SBP**-2 **PBLI-**1 **Prof-**2. **ICS-**1 |
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| 1. Evaluate, diagnose, and manage patients with **undifferentiated** symptoms, **chronic** medical conditions, and multiple comorbidities. | * Direct Observation documented in a Mobile App * Shift Evals in continuity clinic addressing these patients * Reports on outcomes of care with common chronic illnesses * Chart stimulated recall (CSR) * Assessment of Reasoning Tool |
| **Sub-comps (Level 4):**  **PC**-2,4 **MK-1,**2. **SBP**-2 **PBLI-**1 **ICS-**1,3 |
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| 1. **Effectively lead**, manage, and participate in **teams** that provide care and improve outcomes for the diverse populations and communities they serve | * Direct observation documented in a Mobile App * Multi-source Feedback / 360 Evaluation * End of rotation evals where resident functions as part of a team * Teamwork effectiveness assessment module (TEAM)-ACGME * Completion of related QI project |
| **Sub-comps (Level 4):**  **SBP**-1,2,3. **Prof-**1**,**2,3 **ICS-2,3** |

**Standardized Assessment Tools:**

1. Chart Stimulated Recall (CSR) - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5821017/>
2. Assessment of Reasoning Tool (ART) - <https://www.improvediagnosis.org/educatorresources/>
3. Teamwork Effectiveness Assessment Module (TEAM) - <https://team.acgme.org/>
4. Interprofessional Professionalism Toolkit: <http://www.interprofessionalprofessionalism.org/toolkit.html>
5. Procedural Competency Assessment Tools (PCAT) - <https://drive.google.com/drive/folders/0ByEi64WOjo99cDNzcDhtLVQ5Q2c?resourcekey=0-imsbPbGIDkrhAS7VQesGoQ>
6. Patient Centered Observation Form (PCOF) - <https://depts.washington.edu/fammed/pcof/wp-content/uploads/sites/8/2017/03/Clinician-PCOF-2016-version.pdf>

**New Innovation Evaluations:** <https://www.new-innov.com/Login/Home.aspx>

The following assessments are designed as a starting point for the most common types of assessments needed for family medicine residency programs. These are all available in New Innovations and have been mapped to sub-competencies, when applicable. They can be shared directly with programs and edited as needed within New Innovations, or recreated to use with other evaluation systems. The examples are not intended to replace your existing evaluation tools, but can be used to supplement what you have These can be accessed by contacting New Innovations directly.

1. **Assessment using Direct Observation**– **Available to use On Demand as a Mobile App.** Can be used in multiple settings when faculty have directly observed all or part of an encounter. Each question is optional, allowing the evaluator to complete only the portions that were directly observed and skip those that are not applicable. Rating scale is consistent with what is recommended for the new ACGME/ABFM Outcomes.
2. **Feedback Form** – Used on demand in any setting where feedback is given and documentation is desired. Based on the ADAPT model of feedback.
3. **Procedure Assessment** – Generic assessment form that can be used with any procedure that was directly observed.
4. **General Adult Inpatient End of Rotation Evaluation** – Custom Sub-competency that is easily translated by the CCC for Semi-annual Milestone assessments. Applicable to any inpatient rotation where faculty who have a basic understanding of the Milestones are the evaluators.
5. **General Rotation Evaluation of Resident** – Very simple end of rotation evaluation that is designed for non-core faculty. Especially useful for electives or rotations with non-faculty attendings.
6. **Multi-source Feedback (MSF)** Part of a 360 evaluation model designed for clinic nursing staff, but can be used in other settings as well.
7. **Clinic Preceptor Evaluation of Resident** – **Shift Evaluation** to be used at the end of a half-day of precepting to summarize the resident’s performance on a diverse group of patients.
8. **Chart Review** – Can be completed as a resident self-assessment or by faculty on charts where the resident is the PCP. Can be easily modified for individual programs.
9. **Journal Club Assessment** – Designed for formal feedback to residents who lead a residency sponsored Journal Club.
10. **Outcomes Summative Evaluation 2024** – Can be used quarterly, semi-annually, annually or as part of the final evaluation for graduation. Uses an entrustment scale to monitor presidents progress on the first 5 Outcomes required for graduation. Residents are expected to be at or above a “4” at the time of graduation to meet ABFM requirements for Board eligibility.
11. **Final Residency Evaluation 2024** – Includes the Outcomes with additional questions aimed at giving a full picture for future employment.
12. **Resident Evaluation of Faculty** – Can be completed as a resident group and submitted by chief, or individually. Designed to be used annually or semi-annually. Should be anonymous. Could be divided into more than one form if preferred.
13. **Resident Evaluation of Program** – Designed for annual or semi-annual use. Should be anonymous.