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; no specific tools are required, allowing flexibility for programs to choose what works best in their environment.

Standardized Assessment Tools:
1. Chart Stimulated Recall (CSR) - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5821017/
2. Teamwork Effectiveness Assessment Module (TEAM) - https://team.acgme.org/
3. Interprofessional Professionalism Toolkit: http://www.interprofessionalprofessionalism.org/toolkit.html
4. Procedural Competency Assessment Tools (PCAT) - https://drive.google.com/drive/folders/0ByEi64WOjo99cDNzcDhtLVQ5Q2c?resourcekey=0-imsbPbGIDkrhAS7VQesGoQ
5. 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

Some examples of assessments in New Innovations can be found at the end of this document. These 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 can be mapped to sub-competencies/Milestones. They can be shared directly with programs and edited as needed within New Innovations, or re-created 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 are already using if needed. The tools can be accessed in New Innovations using the Help tab: *Help>Knowledge Base>Evaluation Form Library>STFM Forms.* There is now a new on demand tool available, **Active Assessment using Direct Observation.** This tool was created specifically for Direct Observation using CBME principles. It has both Outcomes and Sub-competencies both embedded already. These will show up during Milestone reviews.

MedHub: MedHub has also a new On Demand evaluation called, **Active Assessment using Direct Observation**. It is designed to use with their Mobile App and is compatible with both Milestones and Outcomes (in the form of EPAs).

When using the table below, keep the following in mind:
- o The 15 Core Outcomes are noted in green.
- o In yellow, each of the Core Outcomes has been mapped to ACGME Family Medicine sub-competencies at Level 4.
- o There is a collection of links to many of the evaluation listed. Links to more tools will be added as they become available.

Outcomes	Associated ACGME Program Requirements *At a minimum, programs should provide and residents must participate in:*	Assessment Tools
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** **Sub-comps (Level 4):** **PC**-2,3,5 **MK**-1 **SBP**-2 **PBLI**-1 **ICS**-1	☐ Residents should provide care for patients in an FMP for a minimum of 40 weeks during each year of the educational program. ☐ Residents' other assignments should not interrupt continuity for more than eight weeks at any given time or in any one year of the educational program. ☐ The periods between interruptions in continuity should be at least four weeks in length. ☐ Each resident's panel of continuity patients must be of sufficient size and diversity to ensure adequate education, as well as patient access and continuity of care. ☐ Panels must include a minimum 10 percent pediatric patients (younger than 18 years of age). ☐ Panels must include a minimum 10 percent older adult patients (older than 65 years of age). ☐ Residents must advocate for quality patient care and optimal patient care systems ☐ Residents should participate in appropriate leadership of care teams to coordinate and optimize care for a panel of continuity patients ☐ experience should include the care of patients through hospitalization and transition of care to outpatient follow-up of the same patient in a continuity relationship. ☐ Residents must have a dedicated experience in health system management. ☐ Each resident should be a member of a health system or professional group committee. ☐ Residents must attend regular FMP business meetings with staff and faculty members to discuss practice-related policies and procedures, business and service goals, and practice efficiency and quality ☐ Residents must receive regular data reports of individual/panel and practice patterns, as well as the training needed to analyze these reports.	☐ 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 ☐ Checklist of projects

2. Diagnose and manage **acute illness** and injury for people of all ages in the emergency room or hospital **Sub-comps (Level 4):** **PC**-1,4 **MK**-2 **ICS**-1	☐ Residents must have at least 600 hours (or six months) and 750 patient encounters dedicated to the care of hospitalized adults with a broad range of ages and medical conditions. ☐ Residents must participate in the care of patients hospitalized in a critical care setting. ☐ Residents must provide care for hospitalized adults throughout their residency ☐ Residents must have at least 100 hours of emergency department experience and at least 125 patient encounters dedicated to the care of acutely ill or injured adults in an emergency department setting ☐ Residents must have an experience dedicated to the care of surgical patients. This experience should include pre-operative assessment, post-operative care coordination, and identifying the need for surgery.	☐ 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)
3. Provide comprehensive **care of children**, including diagnosis and mgt of the acutely ill child and routine preventive care **Sub-comps (Level 4):** **PC**-1,2,3,4 **MK**-1,2 **SBP**-2 **PBLI**-1 **ICS**-1	☐ deliver preventive health care to children, including development, nutrition, exercise, immunization, and addressing social determinants of health; ☐ Residents must have 200 hours (or two months) of experience dedicated to the care of children in the ambulatory setting, to include well, acute, and chronic care for infants, pre-school aged children, school-aged children, and adolescents ☐ Residents must have at least 100 hours (or one month) of experience with the care of acutely ill child children in the hospital and emergency setting. ☐ This experience should include a minimum of 50 inpatient encounters. ☐ This experience should include a minimum of 50 emergency department encounters ☐ provide routine newborn care, including neonatal care following birth ☐ deliver preventive health care to children: development, nutrition, exercise, immunization, and addressing social determinants of health ☐ provide the recognition, triage, stabilization, and management of ill children;	☐ 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)
4. Develop effective **communication** and constructive relationships with patients, clinical teams, and consultants	Residents must demonstrate: ☐ communicating effectively with patients and patients' families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, learning to engage	☐ Direct observation documented in a Mobile App ☐ Direct observation tools with focus on communication, PCOF is one example.

Sub-comps (Level 4): PC-2,3,4 SBP-2 ICS-1,2,3	interpretive services as required to provide appropriate care to each patient ☐ communicating effectively with physicians, other health professionals, and health-related agencies; ☐ working effectively as a member or leader of a health care team or other professional group; ☐ educating patients, patients' families, students, other residents, and other health professionals ☐ acting in a consultative role to other physicians and health professionals; ☐ maintaining comprehensive, timely, and legible health care records, if applicable; ☐ establishing a trusted relationship with patients and patients' caregivers and/or families to elicit shared prioritization and decision-making. ☐ working effectively in various health care delivery settings and systems ☐ coordinating patient care across the health care continuum and beyond	☐ 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)
5. Model **professionalism** and be trustworthy for patients, peers, and communities **Sub-comps (Level 4):** **MK**-1 SBP-4 **PBLI**-2 **Prof**-1,2,3 **ICS**-1,2,3	Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. Residents must demonstrate competence in: compassion, integrity, and respect for others; ☐ responsiveness to patient needs that supersedes self-interest; ☐ cultural humility; ☐ respect for patient privacy and autonomy; accountability to patients, society, and the profession; ☐ respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; ☐ ability to recognize and develop a plan for one's own personal and professional well-being; and, ☐ appropriately disclosing and address conflict or duality of interest	☐ 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

Outcomes		Assessment Tools
6. 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**. **Sub-comps (Level 4):** **PC**-2,3,4,5. **MK**-1,2. **SBP**-2,3 **PBLI**-1 **ICS**-1	☐ Residents must have at least 100 hours (or one month) dedicated to the care of patients with gynecologic issues, including obstetric and gynecologic care, family planning, contraception, and options education for unintended pregnancy. ☐ Residents must have a dedicated experience in the care of older adults of at least 100 hours or one month **and** at least 125 patient encounters. The experience must include functional assessment, disease prevention, health promotion, and management of adults with multiple chronic conditions and should incorporate care of older adults across a continuum of sites. ☐ Residents must learn to address end-of-life goals and align with patient treatment preferences in the outpatient setting for advanced or serious illness.	☐ 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
7. 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. **Sub-comps (Level 4):** **PC**-1,3,5	Residents must have at least 200 hours (or two months) dedicated to participating in deliveries and providing prenatal and post-partum maternity care. Experiences must include: ☐ diagnosing pregnancy and managing early pregnancy complications, to include diagnosis of ectopic pregnancy, pregnancy loss ☐ **low-risk prenatal care** ☐ performing an uncomplicated spontaneous vaginal delivery ☐ demonstrating basic skills in managing obstetrical emergencies ☐ screening and treatment for post-partum depression, breastfeeding support, and family planning. ☐ care for parental-baby pairs ☐ a minimum of 25 vaginal deliveries. ☐ Residents who seek the option to incorporate comprehensive maternity care, including intra-partum maternity care and vaginal deliveries into independent practice, must complete at least 400 hours (or four months) dedicated to training on labor and delivery and perform or directly supervise at least 80 deliveries.	☐ 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

8. Diagnose and manage of common **mental health** problems in people of all ages. **Sub-comps (Level 4):** **PC**-2,4 **MK**-1 **SBP**-2 **PBLI**-1 **Prof**-2 **ICS**-1	The curriculum must incorporate behavioral health into all aspects of patient care, including experience in integrated interprofessional behavioral health care in the FMP. Experience must include: ☐ diagnoses, management, and coordination of care for common mental illness and behavioral issues in patients of all ages, including substance use disorders including alcohol use disorder and Opioid Use Disorder. ☐ interprofessional training in cognitive behavioral therapy, motivational interviewing, and psychopharmacology.	☐ 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
9. Perform the **procedures** most frequently needed by patients in continuity and hospital practices. **Sub-comps (Level 4):** **PC**-5	☐ Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. ☐ Residents should have experience in using point-of-care ultrasound in clinical care.	☐ 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 ☐ Procedure logs
10. Model **lifelong learning** and engage in **self-reflection.** **Sub-comps (Level 4):** **PC**-2 **MK**-2 **SBP**-1 **PBLI**-1,2 **Prof** -3	☐ Residents must have at least six months dedicated to **elective** experiences. These elective experiences should be driven by each resident's individualized education plan and address needs of future practice goals. Residents must demonstrate competence in: ☐ identifying strengths, deficiencies, and limits in one's knowledge and expertise ☐ setting learning and improvement goals including identifying and performing appropriate learning activities ☐ incorporating feedback into daily practice ☐ recognizing and pursuing individual career goals that incorporate consideration of local community needs and resources ☐ demonstrating durable personal processes to respond to indicators of individual practice gaps and opportunities for improvement	☐ 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

Outcomes		Assessment Tools
11. Practice as personal physicians, to include **musculoskeletal health**, appropriate **medication use** and **coordination of care** by helping patients navigate a complex health system. **Sub-comps (Level 4):** PC-2,5 MK-1,2. SBP-2 PBLI-1 Prof-2 ICS-1	☐ Residents must have an *experience* dedicated to **musculoskeletal** problems. Experience should include orthopedic and rheumatologic conditions, structured sports medicine and experience in common outpatient MSK procedures.	☐ 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
12. 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. **Sub-comps (Level 4):** PC-3 MK-1 SBP-3 ICS-1	☐ Residents must identify risk level of patients in panels and connect with appropriate preventive care coordination through team-based support	☐ 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
13. 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. **Sub-comps (Level 4):** PC-1,2,4 MK-2. SBP-2 PBLI-1 Prof-2. ICS-1	☐ Residents should assist with advance care planning that reflects the patient's goals and preferences. ☐ Residents must learn to address end-of-life goals in the outpatient setting in advance of serious illness.	☐ 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 ☐ Chart stimulated recall (CSR)
14. Evaluate, diagnose, and manage patients with **undifferentiated** symptoms, **chronic** medical conditions, and multiple comorbidities. **Sub-comps (Level 4):** PC-2,4 MK-1,2. SBP-2 PBLI-1 ICS-1,3	☐ Residents must identify the need for a higher level of care setting and/or subspecialty referral in the care of undifferentiated patients.	☐ 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
15. **Effectively lead**, manage, and participate in **teams** that provide care and improve outcomes for the diverse populations and communities they serve **Sub-comps (Level 4):** SBP-1,2,3. Prof-1,2,3 ICS-2,3	☐ Residents should engage with the practice's patient advisory group and must demonstrate competence in pursuing individual career goals that incorporate local community needs and resources.	☐ Direct observation documented in a Mobile App ☐ Multi-source Feedback / 360 Evaluation including peer evaluations ☐ End of rotation evals where resident is part of a team ☐ Teamwork effectiveness assessment module (TEAM)-ACGME ☐ Completion of related QI project

Examples of New Innovations Tools:

1. **Active Assessment using Direct Observation**–**Designed 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 based on entrustment and progressive competence toward independent practice that is consistent with recommendations for the new ACGME/ABFM Outcomes.
2. **Feedback Form** – meant to be used on demand in any setting where feedback is given and documentation desired. Based on the ADAPT model of feedback. Can also be used on demand with the mobile app.
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. Can be edited to include all 15 Outcomes.
11. **Final Residency Evaluation 2024** – Includes the Outcomes with additional questions aimed at giving a full picture for future employment. Can be edited to include all 15 Outcomes.
12. **Resident Evaluation of Faculty** – Can be completed as a resident group and submitted by a lead resident, 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.