

COMPETENCY: PATIENT CARE

Revised 6/08

Demonstrate the ability to gather data, apply clinical reasoning, management patients and perform procedures in the inpatient and outpatient settings.

IMPLEMENTATION

Sub-competency	VA Wards	Clinic / Block	ICU	Day Float	CBT	Other
<i>Data gathering</i>	-On a wide variety of patients, perform a complete history and physical examinations -Reconcile medications upon admission, transfer and discharge -Order (and when appropriate interpret) a wide variety of diagnostic tests including laboratory, EKG, CXR, other radiological testing -Assess patient code status on admission and if patient status changes	-Assess reason(s) for patient presentation [chief complaint(s)], and assess history of present illness when appropriate -Document current status of chronic health problems -Reconcile medications and assess compliance -Review currency of health maintenance and update as needed	-Assess and document using the clinical history and physical exam, the presentation and status of critically patients presenting to the ICU -Order (and when appropriate interpret) a wide variety of diagnostic tests including laboratory, EKG, CXR, other radiological testing -Assess patient code status on admission and if patient status changes	-On a wide variety of patients, perform daily targeted history and physical exams -Recognize trends in patient symptoms, vital signs, lab studies -Order (and when appropriate interpret) a wide variety of diagnostic tests including laboratory, EKG, CXR, and other radiological testing	-See Clinic/Block	
<i>Clinical Reasoning</i>	-Formulate an individualized differential diagnosis for each unique patient presentation	-Formulate an individualized differential diagnosis for new patient complaints	-Recognize clinical entities in the ICU including: ARDS, septic shock, aspiration PNA, etc.	-Identify change(s) in patient status that require further diagnostic testing and intervention	-See Clinic/Block	
<i>Management</i>	-Devise and clearly document an appropriate problem based management plan based on most	- Devise an appropriate management plan based on most likely diagnosis(es)	-Assist in the care of critically ill patients with sepsis, ARDS, chest tube thoracotomy, who	-Assess status of each patient complaint/ problem and adjust management plan	-See Clinic/Block	

	likely clinical diagnosis(es) -Effectively communicate patient status during sign-out and when going off-service using SBAR methodology	for each new patient complaint -Assess status of each chronic complaint/ problem and adjust management plan accordingly	require assisted ventilation, metabolic disturbance, etc. -Devise and clearly document an appropriate management plan based on organ system	accordingly -Effectively communicate patient status during sign-out using SBAR methodology		
<i>Clinical Procedures</i>	-Perform a wide variety of bedside procedures including lumbar puncture, thoracentesis and paracentesis -Lead/assist in cardiopulmonary resuscitation efforts when indicated	-Perform simple office based procedures including cryotherapy, skin biopsy/ excisions, etc.	-Perform a wide variety of bedside procedures including arterial line/ SG/central line catheter placement, thoracentesis, LP paracentesis, etc. -Lead/assist in cardiopulmonary resuscitation efforts when indicated		-Perform simple office based procedures including cryotherapy, skin biopsy/ excisions, etc.	

EVALUATION

Sub-competency	VA Wards	Clinic / Block	ICU	Day Float	CBT	Other
<i>Data gathering</i>	-Attending faculty feedback based on review of H&P, daily progress notes and discussion during attending walk rounds	-Attending faculty feedback based on review of clinic progress notes and during clinic presentations	-ICU faculty feedback based on review of ICU progress notes and discussion during ICU rounds	Peer evaluation Attending faculty feedback	Preceptor feedback and evaluation	
<i>Clinical Reasoning</i>	-Attending faculty feedback based on review of H&P, daily progress notes and discussion during attending walk rounds	-Attending faculty feedback based on review of clinic progress notes and discussion during clinic presentations	-ICU faculty feedback based on review of ICU progress notes and discussion during ICU rounds	Peer evaluation Attending faculty feedback	Preceptor feedback and evaluation	
<i>Management</i>	-Attending faculty feedback based on review of H&P, daily progress notes and discussion during attending walk rounds	-Attending faculty feedback based on review of clinic progress notes and discussion during clinic presentations	-ICU faculty feedback based on review of ICU progress notes and discussion during ICU rounds	Peer evaluation Attending faculty feedback	Preceptor feedback and evaluation	
<i>Clinical Procedures</i>	-Attending faculty evaluation during and after direct observation	-Attending faculty evaluation during and after direct observation	Attending ICU faculty evaluation during after direct observation	Attending faculty evaluation during and after direct observation	CBT preceptor evaluation after direct observation	