


Supplemental Guide

Systems-Based Practice 1: Patient Safety and Quality Improvement (SQ)
Overall Intent: To identify, report, analyze, and discuss patient safety events and participate in a QI project

| Milestones | Examples |
|---|---|
| <p>Level 1 Demonstrates knowledge of common patient safety events</p> <p>Demonstrates knowledge of how to report patient safety events</p> <p>Demonstrates knowledge of basic quality improvement methodologies and metrics</p> <p>Level 2 Identifies system factors that lead to patient safety events</p> <p>Reports patient safety events through institutional reporting systems (simulated or actual)</p> <p>Describes local (institutional) quality improvement initiatives</p> <p>Level 3 Participates in analysis of patient safety events (simulated or actual)</p> <p>Participates in disclosure of patient safety events to patients and families (simulated or actual)</p> <p>Participates in local (institutional) quality improvement initiatives</p> <p>Level 4 Conducts analysis of patient safety events and other error prevention strategies (simulated or actual)</p> <p>Discusses patient safety events to patients and families (simulated or actual)</p> | <p>Acknowledges risks associated with prescribing the incorrect diet for patients with metabolic conditions</p> <p>Identifies the safety event reporting mechanism for their institution</p> <p>Describes the components of a Plan, Do, Study, Act (PDSA) cycle</p> <p>Identifies transitions of care as a system risk factor contributing to metabolic decompensation</p> <p>Enters a safety event report after discovering the inadvertent administration of the wrong medication or IV fluid</p> <p>Describes a current QI project to improve timely access to clinic appointments</p> <p>Participates in a simulated root cause analysis related to a sodium benzoate/sodium phenylacetate overdose in the hospital</p> <p>In collaboration with the attending, discloses the erroneous administration of IV fluid to a patient/consumer</p> <p>Participates in a QI project with ancillary staff members to reduce false positive ammonia results from improper blood collection</p> <p>Collaborates with patient safety committee to analyze a medication error</p> <p>Independently discloses the erroneous administration of IV fluid to a patient/consumer</p> |

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Supplemental Guide

Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project

Level 5 Actively engages teams and processes to modify systems to prevent patient safety events

Role models or mentors others in the disclosure of patient safety events

Creates, implements, and assesses quality improvement initiatives at the institutional or community (state/federal) level

Assessment Models or Tools

Curriculum Mapping

Notes or Resources

- Plans and starts a PDSA cycle related to improved timely access to clinic appointments
- Leads an initiative to reduce risk of medication errors during transitions of care
- Coaches a resident on disclosure of a safety event related to a medication error
- Completes and shares outcomes of a full PDSA cycle related to improved access to clinic appointments
- Direct observation
- Institutional patient safety e-module multiple choice tests
- Medical record (chart) audit
- Portfolio
- Institute of Healthcare Improvement website, which includes multiple choice tests, reflective writing samples, and more. <http://www.ihi.org/Pages/Default.aspx>, 2018
- American Academy of Family Physicians. Basic of Quality Improvement. <http://www.aafp.org/afpc/management/management/qa/qa.html>, 2018.

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Supplemental Guide

- Created to assist programs with Milestone's assessment and the creation of a shared mental model within the Clinical Competency Committee
- Used as a companion tool to the Milestones to provide more in-depth information and explanation

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Pediatric Subspecialties

- All subspecialties will use the same subcompetencies for SBP, PBLI, PROF, and ICS
- Each specialty will have the option to add others as needed (e.g., Difficult Conversations, Informatics)

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Pediatric Subspecialties - OPTIONS

- PC and MK will be determined by the individual subspecialty – in many cases EPAs are similar to Milestones
- May choose to use the same (or some) as core Pediatrics and only create the Supplemental Guide
- May choose to create their own subcompetencies and a Supplemental Guide

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From Your Colleagues


Subspecialty (and Sub-Subspecialty) - specific Milestones has worked well for IM and other primary care specialties

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Allows for expanded assessment tool opportunities and common understanding between CCCs

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Pediatric Emergency Medicine

EPA4: Provide patient **triage**, resuscitation, and stabilization; align care provided with severity of illness

| Patient Care 2: Organize and Prioritize Patient Care | | | | |
|--|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Organizes patient care for an individual patient, when prompted | Organizes patient care responsibilities by focusing on individual (rather than multiple) patients | Organizes and prioritizes the simultaneous care of patients with efficiency, anticipates and triages urgent and emergent issues | Organizes, prioritizes, and delegates patient care responsibilities even when patient volume approaches the capacity of the individual or facility | Serves as a role model and coach for patient care responsibilities |
| Comments: Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> | | | | |

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Pediatric Emergency Medicine

EPA4: Provide patient **triage, resuscitation, and stabilization**; align care provided with severity of illness

| Patient Care 6: Emergency Stabilization | | | | |
|--|---|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Identifies unstable patients and performs basic interventions | Identifies patients at risk for clinical deterioration and initiates advanced resuscitation | Reassesses and intervenes on patients after stabilizing interventions | Leads resuscitation, including critical decision making and integration of family and support services | Engages in systems-based approaches to optimize management of critically ill patients (e.g., guidelines/protocols) |
| Comments: Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> | | | | |

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Geriatrics: For IM – this did not fit into shared Milestone

| Patient Care 2: Patient and Family/Caregiver Support | | | | |
|--|--|---|--|---|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Describes formal and informal support systems for older adults | Identifies potential stressors and support options for individual patients | Collaborates with the interdisciplinary team to use available resources to educate and support patients | Develops a comprehensive plan in partnership with the patient, patient's family, and interdisciplinary team to optimize support of the patient and patient's family/caregiver(s) | Innovates or advocates to enhance caregiver support and programming within communities or systems of care |
| Describes the roles of caregiver(s) and the risks and benefits of caregiving | Employs approaches or tools to assess family/caregiver burden and identify potential stressors and support options | Collaborates with the interdisciplinary team to use available resources and support for family/caregiver(s) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <input type="checkbox"/> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable | | | | |

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EPA5 for Pulmonology vs PC4 from Pulmonary Disease

EPA5: Demonstrate competence in performing the common procedures of the pediatric pulmonary subspecialist

| Patient Care 4: Procedures (Invasive and Non-Invasive) | | | | |
|--|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Performs simple procedures, with assistance | Performs complex procedures, with assistance | Performs complex procedures, with minimal assistance | Independently performs all procedures in the current practice environment | Recognized by peers as a procedural expert |
| Interprets limited procedural results, with assistance | Interprets comprehensive procedural results, with assistance | Independently interprets comprehensive procedural results | Independently interprets comprehensive procedural results and applies them to the patient's clinical context | |
| Recognizes common complications | Recognizes uncommon complications | Recognizes and manages complications, with oversight | Independently recognizes and manages complications | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <input type="checkbox"/> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable | | | | |

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EPA5 for Pulmonology vs PC4 from Pulmonary Disease


The specific functions which define this EPA include:

4. Performing technical skills pertinent to the procedure
5. Managing post-procedure complications
6. Interpreting results of the procedure in the context of the patient

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|--|--|---|--|--|
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Performs simple procedures, with assistance | Performs complex procedures, with assistance | Performs complex procedures, with minimal assistance | Independently performs all procedures in the current practice environment | Recognized by peers as a procedural expert |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: <input type="checkbox"/> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable | | | | |

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Here to help

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