

## Geriatric NP fellow ED milestone evaluation

Please fill in the cells with developmental milestones described in behavioral terms (see examples provided). We suggest you begin with “competent” and then work backwards and forwards. For each objective, the milestones should describe a developmental progression of observable behaviors.

The developmental “axis” could plot increasing levels of trainee autonomy, patient complexity, or patient illness severity, or something of your choosing. The “competent” milestone is where you expect the fellow to be upon graduation and not on just completion of the rotation. He or she should demonstrate this level of performance to be able to begin independent (unsupervised) practice.

Note this is not as good as he or she will ever be as it is expected that further improvement will occur after graduation. Proficient learners solve problems with a level of intuition that usually derives from some time independent practice. However, some fellows may achieve this level for certain domains. So, describe advanced performance (not expected of every fellow) in this category. The developing competency milestones represent progress along the way.

### Definitions of developmental progression:

- **Unsatisfactory** – The fellow is essentially unable to perform the particular skill. He or she requires remediation before advancing or evaluating / treating patients in this area.
- **Developing competency 1 and 2** – The fellow is able to perform the skill at a beginner or intermediate level (such as in uncomplicated situations or with some level of supervision). Levels one and two represent a progression within this level of development.
- **Competent** – The level of performance you would expect a fellow to achieve before graduating and being deemed Board Eligible by the program. This is the level that would be required to safely begin independent (unsupervised) practice
- **Proficient** - An advanced level of performance that some fellows will achieve but not expected of all fellows

Learning objective	Unsatisfactory	Developing competency 1	Developing competency 2	Competent	Proficient
			Developing 1 plus:	Developing 2 plus:	Competent plus:
<b>Perform focused geriatric assessment, including assessment of function, mobility, cognition, fall risk, nutrition, and polypharmacy</b>	Does not perform geriatric assessment, despite guidance, the provision of a template, and orientation to the rotation	Identifies some cognitive and functional problems but does not perform formal testing nor explore the underlying causes. Identifies fall risk but does not explore measures to prevent falls in the hospital setting. Accurately acquires list of medications but does not recognize possible adverse effects or drug interactions	Performs formal testing like Mini-Cog and gait assessment and identifies cognitive or functional problems but does not institute a plan to address the deficits. Recognizes drug adverse effects and interactions. Also, determines PRN and OTC medications	Develops plan to address cognitive, functional, and fall risk deficits and communicates to patients and families. Adjusts medications to minimize risk of adverse effects or interactions.	Tailors geriatric assessment to particular patient presentation and clinical circumstances. Attends to changes in cognitive and functional status over course of evaluation. Discusses assessment and plan with interdisciplinary team. Eliminates medication when risk of adverse effects outweighs potential benefit
Geriatrics competencies 1,2,3,4,5,6,7,8,9,10,11,18,23,25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please give 1 or more examples of specific observed behaviors that exemplify the NP fellow's developmental level in this competency					

<p><b>Negotiate and implement goals of care with older adults and their families</b></p>	<p>Does not elicit goals of care beyond code status. Does not engage caregivers in the discussion process. Does not document the goals of care discussion in patient's chart.</p>	<p>Engages in goals of care discussion but limits topics to the range of available "interventions." Informs but does not involve caregivers in the discussion process. Superficially documents the goals of care discussion</p>	<p>Begins to elicit patients' goals of care and discusses outcomes of interventions. Involves family members and other caregivers in the discussions. Thoroughly documents critical portions of discussion in chart. Requests to be present when attending discusses goals of care in difficult situations</p>	<p>Elicits patient's goals of care and completely discusses potential outcomes of interventions.</p> <p>Define and differentiate among types of code status, health care proxies, and advance directives in the state where one is training</p>	<p>Identifies barriers to goals of care discussion and seeks additional resources to facilitate the process. Seeks input from care team.</p> <p>Estimate life expectancy and functional trajectory using life tables and standardized instruments to identify patients at risk of death, dependency and /or institutionalization over the next few years</p> <p>Present palliative care (including hospice) as a positive, active treatment option for a patient with advanced disease.</p>
<p>Geriatrics competencies 9,13,14,26</p>	<input type="checkbox"/>				
<p>Please give 1 or more examples of specific observed behaviors that exemplify the NP fellow's developmental level in this competency</p>					



<p><b>Safely oversee transitions of care from ED to inpatient or home or to non-hospital settings</b></p>	<p>Does not complete discharge summary in a timely manner.</p>	<p>Completes Discharge paperwork in a timely manner.</p>	<p>Composes discharge summary in orderly format and includes elements of cognitive and functional testing.</p>	<p>Communicate the key components of a safe discharge plan (e.g., accurate medication list, plan for follow-up), including comparing/contrasting potential sites for discharge.</p>	<p>Identifies and addressed barriers to safe transitions.</p>
<p>Geriatrics competencies 21,22</p>	<p>Discharge summaries contain errors, important omissions, or irrelevant information Does not communicate discharge to patient, primary MD, or accepting facility. Does not reconcile medications. Does not address pt and family discharge concerns. Orders unnecessary labs on day of discharge</p>	<p>Discharge summaries are accurate but not composed in an orderly and concise format. Ineffectively communicates discharge to patient, primary MD, or accepting facility. Reconciles medications but consults single source of information.</p>	<p>results in discharge summaries. Effectively communicates discharge information to patient, primary MD and accepting facility. Identifies issues that need follow up. Addresses patient and family concerns.</p>		<p>Checks patient's understanding of discharge instructions using "teach back" in a collaborative manner. Contacts patient and/or family after discharge to ask about the transition experience</p>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Please give 1 or more examples of specific observed behaviors that exemplify this fellow developmental level in this competency</p>					

Comments on other General Medical Care and knowledge. Please give examples of specific observed behaviors fellow did well.	
---	--

Please indicate which of the following evaluation data you considered in determining this fellows developmental level on these four competencies

- Other direct observation
- Observation rounds
- Participation on attending rounds
- Feedback from patients
- Feedback from interdisciplinary team (nurses, care coordinator, social work, PT, OT, dietary)
- Reviewing notes in record
- Other:

Please identify at least two things the fellow could improve on.

#### References

1. Williams B C, Warshaw G, Fabiny A R, et al. Medicine in the 21st century: Recommended essential geriatrics competencies for Internal Medicine and Family Medicine fellows. *Journal of Graduate Medical Education*.
2. Accreditation Council for Graduate Medical Education. Outcomes project. <http://www.acgme.org/outcome/>. Accessed July, 2010.
3. The Internal medicine Milestone Project - A joint initiative of the ACGME and the ABIM 2012.

