



The Internal Medicine Population Health Milestone-Based Curriculum

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INTRODUCTION

This section of the report highlights the population health content in the existing Internal Medicine Milestones, as defined by the ACGME and the Board of Internal Medicine. In addition to identifying those milestones, the attached document provides sample materials and assessment tools that can be used in training learners in these competencies.

Internal Medicine Materials and Assessment Tools for Population Health

8. Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel) SBP1

Level	Milestone	Materials	Activities/Assessment Tools
1	<p>Refuses to recognize the contributions of other interprofessional team members.</p> <p>Frustrates team members with inefficiency and errors.</p>		
2	<p>Identifies roles of other team members but does not recognize how/when to utilize them as resources.</p> <p>Frequently requires reminders from team to complete physician responsibilities (e.g. talk to family, enter orders).</p>	<p>Representative Descriptions of health care team members</p> <p>http://dcahec.gwumc.edu/education/session3/members.html</p>	<p>Portfolio activity: select health profession (perhaps one of which previously unaware). Interview team member regarding training, scope of practice, typical salary/satisfaction, challenges</p>
3	<p>Understands the roles and responsibilities of all team members but uses them ineffectively.</p> <p>Participates in team discussions when required but does not actively seek input from other team members.</p>		<p>360°/multisource evaluation</p>

8. Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel) SBP1
(continued)

Level	Milestone	Materials	Activities/Assessment Tools
4	<p>Understands the roles and responsibilities of and effectively partners with, all members of the team</p> <p>Actively engages in team meetings and collaborative decision-making</p>	<p>Leasure EL, Jones RR, Meade LB, Sanger MI, Thomas KG, Tilden VP, et al. There is no “i” in teamwork in the patient-centered medical home: defining teamwork competencies for academic practice. Acad Med. 2013 May;88(5):585–92. Assessment: Portfolio, preceptor review, 360° review</p> <p>Core Competencies for Interprofessional Collaborative Practice. Interprofessional Education Collaborative Expert Panel. Washington DC 2011. From http://www.aacn.nche.edu/education-resources/ipcreport.pdf (FM SBP-4)</p> <p>Module E. On Rounds: Medical Students, Teams, and High Value Care http://www.med-u.org/population-health/high-value-care-hvc# (Med U :High Value Care Course)</p> <p>Royeen CB, Jensen GM, Harvan RA. Leadership in Interprofessional Health Education and Practice, Boston, MA; Jones and Bartlett Publishers;2009. [book for purchase]</p> <p>Interprofessional collaboration: three best practice models of interprofessional education: Medical Education Online 2011, 16: 6035 - DOI: 10.3402/meo.v16i0.6035</p>	<p>See Figure 7, p 31 in <i>Core Competencies for Interprofessional Collaborative Practice. Interprofessional Education Collaborative Expert Panel</i> for an outline of knowledge, attitudes, and skills appropriate for levels of interprofessional competencies from exposure.</p> <p>360°/multisource evaluation</p>
5	<p>Integrates all members of the team into the care of patients, such that each is able to maximize their skills in the care of the patient.</p> <p>Efficiently coordinates activities of other team members to optimize care.</p> <p>Viewed by other team members as a leader in the delivery of high quality care.</p>		

10. Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care/(SBP3)

Level	Milestone	Materials	Activities/Assessment Tools
1	<p>Ignores cost issues in the provision of care.</p> <p>Demonstrates no effort to overcome barriers to cost-effective care interventions.</p>		
2	<p>Lacks awareness of external factors (e.g. socio-economic, cultural, literacy, insurance status) that impact the cost of health care and the role that external stakeholders (e.g. providers, suppliers, financiers, purchasers) have on the cost of care.</p> <p>Does not consider limited health care resources when ordering diagnostic or therapeutic interventions .</p>	<p>Healthy People 2020: Genomics from https://www.healthypeople.gov/2020/topics-objectives/topic/genomics</p> <p>US Preventive Health Services Task Force http://www.uspreventiveserVICEStaskforce.org/Page/BasicOne-Column/28 Vaccinations http://www.immunize.org/cdc/schedules/</p> <p>ACP High Value Care Videos https://hvc.acponline.org/videos.html</p> <p>Public Health Learning Modules, Module 3 Social Determinants of Health Resource ID 939 March 10, 2014. iCollaborative https://www.mededportal.org/icollaborative/resource/939</p> <p>Beyond consumer driven health care: purchasers' expectations of all plans. Lee Peter V, Hoo Emma Find information of financiers, purchasers) have on the cost of care Health Aff November 2006 25:w544-w548; published ahead of print October 24, 2006</p>	<p>Small bytes : Population Level Determinants of Health 1</p> <p>ACP High Value Care interactive cases https://hvc.acponline.org/physres_cases.html</p>
3	<p>Recognizes that external factors influence a patient's utilization of health care and may act as a barrier to cost-effective care.</p> <p>Minimize unnecessary diagnostic tests</p> <p>Possesses an incomplete understanding of cost-awareness principles for population of patients (e.g. screening tests)</p>	<p>A Practical Playbook</p> <p>https://practicalplaybook.org/topics</p> <p>https://hvc.acponline.org</p> <p>ACP High Value Care Videos https://hvc.acponline.org/videos.html</p>	<p>Small Bytes: Population Level Determinants of Health 2</p> <p>ACP High Value Care interactive cases https://hvc.acponline.org/physres_cases.html</p>

10. Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care/ (SBP3) (continued)

Level	Milestone	Materials	Activities/Assessment Tools
4	<p>Consistently works to address patient-specific barriers to cost-effective care.</p> <p>Advocates for cost-conscious utilization of resources (i.e. ED visits, hospital).</p> <p>Incorporates cost-awareness principles into standard clinical judgments and decision-making, including screening tests.</p>	<p>Americans Face Barriers to Health Care Beyond Cost</p> <p>http://www.cfah.org/hbns/2011/americans-face-barriers-to-health-care-beyond-cost</p> <p>The AHA 2015 Environmental scan pinpoints changes in costs, economy, aging generations and more as factors affecting health care. http://www.hhnmag.com/display/HHN-news-article.dhtml?dcrPath=/templatedata/HF_Common/NewsArticle/data/HHN/Magazine/2014/Sep/gate-aha-environment-scan-2015</p> <p>http://consumerhealthchoices.org/#health-professionals</p> <p>ACP High Value Care Videos https://hvc.acponline.org/videos.html</p>	<p>Chart audits, Quality Improvement data</p> <p>ACP High Value Care interactive cases https://hvc.acponline.org/physres_cases.html</p>
5	<p>Teaches patients and healthcare team members to recognize and address common barriers to cost-effective care and appropriate utilization of resources.</p> <p>Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective high quality care.</p>	<p>Improving Quality and Value in the U.S. Health Care System ...Brookings Institution http://www.brookings.edu/~media/research/files/reports/2009/8/21%20bpc%20qualityreport/0821_bpc_qualityreport.pdf</p> <ul style="list-style-type: none"> Identifying and analyzing current and available resources Planning program sustainability through renewed funding channels <p>https://practicalplaybook.org/further-guidance/guide-assessing-primary-care-and-public-health-resources</p> <p>http://consumerhealthchoices.org/#health-professionals</p>	<p>Quality Improvement data</p>

11. Transitions patients effectively within and across health delivery systems. (SBP4)

Level	Milestone	Materials	Activities/Assessment Tools
1	<p>Disregards need for communication at time of transition.</p> <p>Does not respond to requests for information from caregivers in other delivery systems.</p>		Evaluation
2	<p>Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems.</p> <p>Written and verbal care plans during times of transition are incomplete or absent.</p> <p>Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g. duplication of tests or possible medication errors).</p>	<p>The Joint Commission Center For Transforming Healthcare</p> <p>http://www.centerfortransforminghealthcare.org/assets/4/6/handoff_comm_storyboard.pdf</p>	<p>Chart Audit</p> <p>Root cause analysis of patients readmitted within 30 days.</p> <p>Use of program/institutional "handoff" process</p>
3	<p>Recognizes the importance of communication during times of transition.</p> <p>Communicates with future caregivers but with lapses in pertinent or timely information.</p>		Survey of providers receiving patients back from hospital-based residents
4	<p>Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems.</p> <p>Proactively communicates with past and future care givers to ensure continuity of care.</p>	<p>Transition of Care Achieve Meaningful Use</p> <p>http://www.healthit.gov/providers-professionals/achieve-meaningful-use/menu-measures/transition-of-care</p> <p>Success stories of transition of care programs</p> <p>https://practicalplaybook.org/search?keys=Care+transitions</p>	
5	<p>Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency and ensure high quality patient outcomes</p> <p>Anticipates needs of patient, caregivers and future care providers and takes appropriate steps to address those needs</p> <p>Role models and teaches effective transitions of care</p>	<p>Objective A: Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured</p> <p>http://www.hhs.gov/strategic-plan/goal1.html#obj_a</p>	

13. Learns and improves via performance audit (PBLI2)

Level	Milestone	Materials	Activities/Assessment Tools
1	<p>Disregards own clinical performance data.</p> <p>Demonstrates no inclination to participate in or even consider the results of QI efforts.</p>		
2	<p>Limited awareness of or desire to analyze own clinical performance data.</p> <p>Nominally participates in a QI projects.</p> <p>Not familiar with the principles, techniques or importance of QI.</p>		
3	<p>Analyzes own clinical performance data and identifies opportunities for improvement.</p> <p>Effectively participates in a QI project.</p> <p>Understands common principles and techniques of QI and appreciates the responsibility to assess and improve care for a panel of patients.</p>	<p>Module J. Statistics and Clinical Decision Making Richard Wardrop III, MD, PhD, FAAP, FACP University of North Carolina, Franklin Niblock University of North Carolina (Med U :High Value Care Course)</p> <p>Institute for Healthcare Improvement http://app.ihi.org/lms/onlinelearning.aspx</p>	<p>Complete module on quality improvement such as IHI online module(s).</p> <p>Participate in quality improvement project in clinical setting.</p> <p>Lead quality improvement project and present findings from QI project as poster presentation.</p>
4	<p>Analyzes own clinical performance data and actively works to improve performance.</p> <p>Actively engages in QI initiatives.</p> <p>Demonstrates the ability to apply common principles and techniques of QI to improve care for a panel of patients.</p>	<p>IHI Open School QI 201 Guide to the IHI Open School Quality Improvement Practicum both from http://app.ihi.org/lms/onlinelearning.aspx</p> <p>IHI Open School QI 202 Quality Improvement in Action IHI Open School: Improvement Capability from http://www.ih.org/education/IHIOpenSchool/courses/Pages/default.aspx</p> <p>Using a simple registry to improve your chronic disease care from http://www.aafp.org/fpm/2006/0400/p47.html</p>	
5	<p>Actively monitors clinical performance through various data sources.</p> <p>Is able to lead a QI project.</p> <p>Utilizes common principles and techniques of QI to continuously improve care for a panel of patients .</p>		<p>Portfolio: documented completion of IHI Improvement Capability course</p>

15. Learns and Improves at the Point of Care (PBLI-4)

Level	Milestone	Materials	Activities/Assessment Tools
1	<p>Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate.</p> <p>Fails to seek or apply evidence when necessary.</p>		
2	<p>Rarely “slows down” to reconsider an approach to a problem, ask for help, or seek new information.</p> <p>Can translate medical information needs into well-formed clinical questions with assistance.</p> <p>Unfamiliar with strengths and weaknesses of the medical literature.</p> <p>Has limited awareness of or ability to use information technology.</p> <p>Accepts the findings of clinical research studies without critical appraisal.</p>		

15. Learns and Improves at the Point of Care (PBLI-4)
(continued)

Level	Milestone	Materials	Activities/Assessment Tools
3	<p>Inconsistently “slows down” to reconsider an approach to a problem, ask for help, or seek new information.</p> <p>Can translate medical information needs into well-formed clinical questions independently.</p> <p>Aware of the strengths and weaknesses of medical information resources but utilizes information technology without sophistication.</p> <p>With assistance, appraises clinical research reports, based on accepted criteria.</p>	<p>Critical appraisal of the medical literature. A set of online tutorials from the Scottish International Guidelines Network (SIGN). From http://www.sign.ac.uk/methodology/tutorials.html</p> <p>Introduction to Evidence-Based Practice http://guides.mcclibrary.duke.edu/content.php?pid=431451&sid=3529491 This tutorial is intended for any health care practitioner or student who needs a basic introduction to the principles of Evidence-Based Practice. Upon completion of this self-paced tutorial, you will be able to:</p> <ul style="list-style-type: none"> • define Evidence-Based Practice (EBP) • identify the parts of a well-built clinical question • identify searching strategies that could improve PubMed searching • identify key critical appraisal issues that help determine the validity of a study <p>2PICO Worksheet and Search Strategy from http://www.usc.edu/hsc/ebnet/ebframe/PICO%20Worksheet%20SS.pdf PEDS: MK-1</p>	<p>Completion of Evidence-Based Practice tutorial</p> <p>Completion of PICO question worksheet related to a clinical program</p> <p>Presentation at journal club Supervises medical student completing PICO worksheet</p>
4	<p>Routinely “slows down” to reconsider an approach to a problem, ask for help, or seek new information.</p> <p>Routinely translates new medical information needs into well-formed clinical questions.</p> <p>Utilizes information technology with sophistication.</p> <p>Independently appraises clinical research reports based on accepted criteria.</p>		<p>Publishes or otherwise disseminates lessons learned from quality improvement project</p>

15. Learns and Improves at the Point of Care (PBLI-4)
 (continued)

Level	Milestone	Materials	Activities/Assessment Tools
5	<p>Searches medical information resources efficiently, guided by the characteristics of clinical questions</p> <p>Role models how to appraise clinical research reports based on accepted criteria.</p> <p>Has a systematic approach to track and pursue emerging clinical questions.</p>		

16. Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)

Level	Milestone	Materials	Activities/Assessment Tools
1	<p>Lacks empathy and compassion for patients and caregivers.</p> <p>Disrespectful in interactions with patients, caregivers and members of the interprofessional team.</p> <p>Sacrifices patient needs in favor of own self-interest.</p> <p>Blatantly disregards respect for patient privacy and autonomy.</p>		
2	<p>Inconsistently demonstrates empathy, compassion and respect for patients and caregivers.</p> <p>Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion.</p> <p>Inconsistently considers patient privacy and autonomy.</p>	<p>Leasure EL, Jones RR, Meade LB, Sanger MI, Thomas KG, Tilden VP, et al. There is no "i" in teamwork in the patient-centered medical home: defining teamwork competencies for academic practice. Acad Med. 2013 May;88(5):585-92.</p> <p>Core Competencies for Interprofessional Collaborative Practice. Interprofessional Education Collaborative Expert Panel. Washington DC 2011. From http://www.aacn.nche.edu/education-resources/ipecreport.pdf FM: SPB-4</p>	360°/multisource evaluation
3	<p>Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations.</p> <p>Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care.</p> <p>Emphasizes patient privacy and autonomy in all interactions.</p>		360°/multisource evaluation

16. *Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)*
(continued)

Level	Milestone	Materials	Activities/Assessment Tools
4	<p>Demonstrates empathy, compassion and respect to patients and caregivers in all situations.</p> <p>Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers.</p> <p>Demonstrates a responsiveness to patient needs that supersedes self-interest.</p> <p>Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate.</p>		360°/multisource evaluation

16. Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)
(continued)

Level	Milestone	Materials	Activities/Assessment Tools
5	<p>Role models compassion, empathy and respect for patients and caregivers.</p> <p>Role models appropriate anticipation and advocacy for patient and caregiver needs.</p> <p>Fosters collegiality that promotes a high-functioning interprofessional team.</p> <p>Teaches others regarding maintaining patient privacy and respecting patient autonomy.</p>	<p>Accreditation Council for Graduate Medical Education. Advancing education in medical professionalism. Accreditation Council for Graduate Medical Education, 2004. (Accessed at http://www.acgme.org/outcome/implement/Profm_resource.pdf.) This is an educational resource developed by the ACGME to help program directors teach and assess professional behavior. Some sample evaluation instruments are reviewed.</p> <p>Coulehan J. Today's professionalism: Engaging the mind but not the heart. Acad Med 2005;80:892-8. The author argues that the medical education environment is hostile to altruism and a number of other qualities that are essential to professionalism. He proposes a comprehensive plan to change the culture of medical education and to address the tension between self-interest and altruism.</p> <p>Baldwin DC, Jr., Daugherty SR, Rowley BD. Unethical and unprofessional conduct observed by residents during their first year of training. Acad Med 1998;73:1195-200. This article reports on the results of a survey of 571 first-year residents and their observations of unethical and unprofessional conduct by peers or superiors. Not surprisingly, these behaviors are too frequent. The authors also reported that these observations have an inverse correlation with resident satisfaction.</p> <p><i>PEDS: PROF-2</i></p>	360°/multisource evaluation

20. Communicates effectively with patients and caregivers. (ICS1)

Level	Milestone	Materials	Activities/Assessment Tools
1	<p>Ignores patient preferences for plan of care.</p> <p>Makes no attempt to engage patient in shared decision-making.</p> <p>Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers.</p>		
2	<p>Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit references.</p> <p>Attempts to develop therapeutic relationship with patients and caregivers but is often unsuccessful.</p> <p>Defers difficult or ambiguous conversations to others.</p>	<p>Informed Medical Decisions foundation Shared Decision Making http://www.informedmedicaldecisions.org/patient-resources/</p> <p>Dartmouth Center for Shared Decision Making http://med.dartmouth-hitchcock.org/csdm_toolkits.html</p>	360°/multisource evaluation
3	<p>Engages patients in shared decision making in uncomplicated conversations.</p> <p>Requires assistance facilitating discussions in difficult or ambiguous conversations.</p> <p>Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds.</p>	<p>Mayo Clinic Shared Decision Making National Resource Center http://shareddecisions.mayoclinic.org/</p>	360°/multisource evaluation
4	<p>Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations.</p> <p>Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds.</p> <p>Incorporates patient-specific preferences into plan of care.</p>		

20. Communicates effectively with patients and caregivers. (ICS1)
 (continued)

Level	Milestone	Materials	Activities/Assessment Tools
5	<p>Role models effective communication and development of therapeutic relationships in both routine and challenging situations.</p> <p>Models cross-cultural communication and establishes therapeutic relationship with persons of diverse socioeconomic backgrounds.</p>	<p>The Health Communicator's Social Media Toolkit (CDC) http://www.cdc.gov/healthcommunication/ToolsTemplates/SocialMediaToolkit_BM.pdf</p> <p>A guide to using social media to improve reach of health messages, increase access to your content, further participation with audiences and advance transparency to improve health communication efforts.</p>	<p>Residents will review the CERC module online with particular emphasis on the tenets of risk communication</p> <p>Watch the CDC TV video of a public health physician answering questions from vaccine hesitant parents.</p> <p>Observe resident in clinical setting discussing vaccines with vaccine hesitant parent.</p> <p>Portfolio: preceptor, record review; 360° review</p>

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