



The Pediatrics Population Health Milestone-Based Curriculum

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INTRODUCTION

This section of the report highlights the population health content in the existing Pediatrics Milestones, as defined by the ACGME and the Board of Pediatric 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

Pediatrics Materials and Assessment Tools for Population Health

PROF2. *Professionalization: A sense of duty and accountability to patients, society, and the profession*

Level	Milestone	Materials	Activities/Assessment Tools
1	Appears to be interested in learning pediatrics but not fully engaged and involved as a professional, which results in an observational or passive role.		
2	Although the learner appreciates her role in providing care and being a professional, at times has difficulty in seeing self as a professional, which may result in not taking appropriate primary responsibility.		
3	Demonstrates understanding and appreciation of the professional role and the gravity of being the "doctor" by becoming fully engaged in patient care activities; has a sense of duty; has rare lapses into behaviors that do not reflect a professional self-view.		
4	Has internalized and accepts full responsibility of the professional role and develops fluency with patient care and professional relationships in caring for a broad range of patients and team members.		

PROF2. *Professionalization: A sense of duty and accountability to patients, society, and the profession*
(continued)

Level	Milestone	Materials	Activities/Assessment Tools
5	<p>Extends professional role beyond the care of patients and sees self as a professional who is contributing to something larger (e.g., a community, a specialty, or the medical profession).</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>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>Cohen JJ. Professionalism in medical education, an American perspective: From evidence to accountability. Med Educ 2006;40:607-17. This article reviews the current state of the teaching and assessment of professionalism in medical education. The author stresses the need for performance assessment using multiple evaluators and multiple methods.</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>Teaching and Assessing Professionalism 2008 (American Board of Pediatrics and Association of Pediatric Program Directors) https://www.theabfm.org/about/guidelinesforprofessionalism.pdf Professionalism and Society (Ch 5) Professionalism After Residency (Ch 6) Both chapters contain learning objectives, vignettes for small group discussion</p>

PROF2. *Professionalization: A sense of duty and accountability to patients, society, and the profession (continued)*

Level	Milestone	Materials	Activities/Assessment Tools
		<p>Cruess R, McIlroy JH, Cruess S, Ginsburg S, Steinert Y. The professionalism mini-evaluation exercise: A preliminary investigation. Acad Med 2006;81:S74-8. This is the original article describing the use of the professionalism mini-evaluation exercise (PMEX). Initially tested in medical students, it appears to have very good psychometrics. It would be relatively easy to incorporate this instrument into a residency program.</p> <p>Klein EJ, Jackson JC, Kratz L, et al. Teaching professionalism to residents. Acad Med 2003;78:26-34. The authors describe their curriculum for introducing principles of professionalism into a pediatrics residency. Their curriculum is incorporated into their annual five-day intern retreat, during which eleven sessions are devoted to addressing key professionalism issues.</p> <p>Stern D, Papadakis MA. The developing physician: Becoming a professional. N Engl J Med 2006;355:1794-9. The authors describe a thoughtful approach to teaching and assessing professionalism. This is worthwhile reading for all program directors.</p>	

PBLI3. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.

Level	Milestone	Materials	Activities/Assessment Tools
1	Unable to gain insight from encounters due to a lack of reflection on practice. Does not understand the principles of quality improvement methodology or change management. Is defensive when faced with data on performance improvement opportunities within one's practice.		
2	Able to gain insight from reflection on individual patient encounters, but potential improvements limited by lack of systematic improvement strategies and team approach. Dependent upon external prompts to define improvement opportunities at the population level.		
3	Able to gain insight for improvement opportunities from reflection on both individual patients and populations. Grasps improvement methodologies enough to apply to populations. Still reliant on external prompts to inform and prioritize improvement opportunities at the population level.	<p>Quality Improvement Innovation Networks (QuIIN)</p> <p>The AAP Quality Improvement Innovation Networks (QuIIN) is home to multiple pediatric quality improvement networks designed to improve care for children and their families in both the inpatient and outpatient settings. QuIIN serves as the infrastructure for pediatric improvement networks by providing staff, financial, and standard operating systems to the Value in Inpatient Pediatrics (VIP) Network and the Practice Improvement Network (PIN).</p> <p>https://www.aap.org/en-us/professional-resources/practice-support/quality-improvement/Quality-Improvement-Innovation-Networks-QuIIN.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>

PBL13. *Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.*
(continued)

Level	Milestone	Materials	Activities/Assessment Tools
4	<p>Able to use both individual encounters and population data to drive improvement using improvement methodology. Analyzes one's own data on a continuous basis, without reliance on external forces, to prioritize improvement efforts. Uses that analysis in an iterative process for improvement. Able to lead a team in improvement.</p>	<p>Education in Quality Improvement for Pediatric Practice (EQIPP)</p> <p>EQIPP, a unique online learning program developed by the American Academy of Pediatrics (AAP) weaves improvement principles and concepts with pediatric-specific clinical content. EQIPP provides the information, tools and guidance needed to make systematic and continuous practice improvements on such topics as asthma, immunizations, GERD, Bright Futures, newborn screening, tobacco control and others. Using built-in online tools, EQIPP enables you to collect, analyze, and measure data over time and make small, rapid cycles of change. Successful changes proven to improve office efficiency and patient care can then be implemented into practice. You can also collaborate with other physicians in your practice or area to accelerate improvement. You will be able to transfer the skills you learn in EQIPP to other clinical and practice management topics.</p> <p>http://eqipp.aap.org/home/home</p>	<p>Lead quality improvement project and present findings from QI project as poster presentation.</p>
5	<p>In addition to demonstrating continuous improvement activities and appropriately utilizing quality improvement methodologies, thinks and acts systemically to try to use one's own successes to benefit other practices, systems, or populations. Open to analysis that at times requires course correction to optimize improvement.</p>	<p>Additional QI Resources from AAP</p> <p>https://www.aap.org/en-us/professional-resources/practice-support/quality-improvement/Pages/Quality-Improvement.aspx</p>	

ICS1. *Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds*

Level	Milestone	Materials	Activities/Assessment Tools
1	Uses standard medical interview template to prompt all questions; does not vary the approach based on a patient's unique physical, cultural, socioeconomic, or situational needs; may feel intimidated or uncomfortable asking personal questions of patients.		
2	Uses the medical interview to establish rapport and focus on information exchange relevant to a patient's or family's primary concerns; identifies physical, cultural, psychological, and social barriers to communication, but often has difficulty managing them; begins to use non-judgmental questioning scripts in response to sensitive situations.		
3	Uses the interview to effectively establish rapport; is able to mitigate physical, cultural, psychological, and social barriers in most situations; verbal and non-verbal communication skills promote trust, respect, and understanding; develops scripts to approach most difficult communication scenarios.		
4	Uses communication to establish and maintain a therapeutic alliance; sees beyond stereotypes and works to tailor communication to the individual; a wealth of experience has led to development of scripts for the gamut of difficult communication scenarios; is able to adjust scripts ad hoc for specific encounters.		

ICS1. *Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds*
(continued)

Level	Milestone	Materials	Activities/Assessment Tools
5	<p>Connects with patients and families in an authentic manner that fosters a trusting and loyal relationship; effectively educates patients, families, and the public as part of all communication; intuitively handles the gamut of difficult communication scenarios with grace and humility.</p>	<p>Crisis & Emergency Risk Communication (CDC) http://emergency.cdc.gov/cerc/</p> <p>The CERC training program educates and trains public information officers, public health responders, leaders, and others about the principles and application of crisis and emergency risk communication when responding to a public health emergency.</p> <p>CERC draws from lessons learned during public health emergencies and research in the fields of health and emergency risk communication; it incorporates best practices from the fields of risk and crisis communication. With this comprehensive training program, CDC has moved forward in meeting the needs of partners and stakeholders in preparing for, responding to and recovering from the threat of bioterrorism, emergent diseases, and other hazards.</p> <p>Crisis and emergency risk communication is an approach used by scientists and public health professionals to provide information that allows an individual, stakeholders or an entire community, to make the best possible decisions about their well-being, under nearly impossible time constraints, while accepting the imperfect nature of their choices.</p> <p>Activity: Review the basic tenets of risk communication available at CDC website. This can either be done as a self-study through online modules or with a faculty member led discussion with Powerpoint slides available. Second approach has been done effectively with both small, medium and large groups.</p>	<p>Residents will review the CERC module online with particular emphasis on the tenets of risk communication</p>

ICS1. *Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds*
(continued)

Level	Milestone	Materials	Activities/Assessment Tools
		<p>The Health Communicator's Social Media Toolkit (CDC) http://www.cdc.gov/healthcommunication/ToolsTemplates/Social-MediaToolkit_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>	
5		<p>TIDE Vaccine Safety Module. This module is designed to help you explain the dangers of vaccine-preventable diseases and the effectiveness of vaccines against them, as well as answering parents' common vaccine safety questions. http://tide.musc.edu/</p> <p>Watch the CDC TV video of a public health physician answering questions from vaccine hesitant parents. https://www.youtube.com/watch?v=3uVvq7dbf4s</p>	<p>Observe resident in clinical setting discussing vaccines with vaccine hesitant parent.</p> <p>Have residents reflect (in a small group or as a written reflection) about a situation in which they addressed concerns from a vaccine hesitant parent. Have them describe a situation in which the parent decided to vaccinate and a situation in which the parent decided against vaccination. Discuss in small group setting reasons for the outcomes and ideas for improvement.</p> <p>Role play activities with residents counseling the vaccine hesitant parent. This could be done in small group setting or be part of an OSCE.</p>

MK-1. *Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems*

Level	Milestone	Materials	Activities/Assessment Tools
1	Explains basic principles of Evidence-based Medicine (EBM), but relevance is limited by lack of clinical exposure.		
2	Recognizes the importance of using current information to care for patients and responds to external prompts to do so; is able to formulate questions with some difficulty, but is not yet efficient with online searching; is starting to learn critical appraisal skills.		
3	Able to identify knowledge gaps as learning opportunities; makes an effort to ask answerable questions on a regular basis and is becoming increasingly able to do so; understands varying levels of evidence and can utilize advanced search methods; is able to critically appraise a topic by analyzing the major outcomes, however, may need guidance in understanding the subtleties of the evidence; begins to seek and apply evidence when needed, not just when assigned to do so.		
4	Is increasingly self-motivated to learn more, as exhibited by regularly formulating answerable questions; incorporates use of clinical evidence in rounds and teaches fellow learners; is quite capable with advanced searching; is able to critically appraise topics and does so regularly; shares findings with others to try to improve their abilities; practices EBM because of the benefit to the patient and the desire to learn more rather than in response to external prompts.		

MK-1. *Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems (continued)*

Level	Milestone	Materials	Activities/Assessment Tools
5	Teaches critical appraisal of topics to others; strives for change at the organizational level as dictated by best current information; is able to easily formulate answerable clinical questions and does so with majority of patients as a habit; is able to effectively and efficiently search and access the literature; is seen by others as a role model for practicing EBM.	<p>1Introduction to Evidence-Based Practice http://guides.mclibrary.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 	Completion of Evidence-Based Practice tutorial ¹
		<p>PICO Worksheet and Search Strategy form http://www.usc.edu/hsc/ebnet/ebframe/PICO%20Worksheet%20SS.pdf</p>	Completion of PICO question worksheet ²
		<p>OB/GYN Knowledge Bank / A Collaborative Learning Center http://www.nuthalapaty.net/kb/ebm/checklist.htm Includes critical evaluation checklists that can be used by residents in preparation for journal club.</p> <p>Journal of the American Medical Association http://jamaevidence.com/resource/520 The Users' Guides to the Medical Literature are a series of reading guides published by The Evidence Based Medicine Working Group in the Journal of the American Medical Association. These guides built upon the foundations developed by the McMaster University Department of Clinical Epidemiology and Biostatistics. These Users' Guides can be an invaluable tool in teaching critical appraisal in the setting of Journal Club. The reference for each guide is listed below. Consider requesting these references from your local library and making your own compendium.</p>	Present at journal club ^{3,4,5} Supervises medical student completing PICO worksheet ²

MK-1. *Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems (continued)*

Level	Milestone	Materials	Activities/Assessment Tools
		<p>Pediatrics in Review</p> <p>1. Research and statistics: study design and data sources. Palaia A. <i>Pediatr Rev.</i> 2013 Aug;34(8):371-2. doi: 10.1542/pir.34-8-371. Review. No abstract available.</p> <p>PMID: 23908366 [PubMed - indexed for MEDLINE]</p> <p>2. Research and statistics: qualitative research methods.</p> <p>Mistry KB. <i>Pediatr Rev.</i> 2012 Nov;33(11):521-3. doi: 10.1542/pir.33-11-521. No abstract available.</p> <p>PMID: 23118318 [PubMed - indexed for MEDLINE]</p> <p>3. Research and statistics: searching for answers: strategies for searching the clinical literature.</p> <p>Briccetti C, Rowe P. <i>Pediatr Rev.</i> 2011 Aug;32(8):350-2. doi: 10.1542/pir.32-8-350. No abstract available.</p> <p>PMID: 21807876 [PubMed - indexed for MEDLINE]</p> <p>4. Research and statistics: likelihood ratio in diagnosis.</p> <p>Crewe S, Rowe PC. <i>Pediatr Rev.</i> 2011 Jul;32(7):296-8. doi: 10.1542/pir.32-7-296. No abstract available.</p> <p>PMID: 21724905 [PubMed - indexed for MEDLINE]</p> <p><u>Related citations</u></p> <p>5. Research and statistics: distribution, variability, and statistical significance.</p> <p>Smith TK, Johnson SB. <i>Pediatr Rev.</i> 2010 Oct;31(10):431-2. doi: 10.1542/pir.31-10-431. No abstract available.</p> <p>PMID: 20889738 [PubMed - indexed for MEDLINE]</p>	

MK-1. *Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems (continued)*

Level	Milestone	Materials	Activities/Assessment Tools
		<p>6. Research and statistics: number needed to treat and intention to treat analysis.</p> <p>Tschudy MM, Rowe PC. <i>Pediatr Rev.</i> 2010 Sep;31(9):380-2. doi: 10.1542/pir.31-9-380. No abstract available.</p> <p>PMID: 20810703 [PubMed - indexed for MEDLINE]</p> <p>7. Research and statistics: generalizability and how it relates to validity.</p> <p>Crowne SS. <i>Pediatr Rev.</i> 2010 Aug;31(8):335-6. doi: 10.1542/pir.31-8-335. No abstract available.</p> <p>PMID: 20679099 [PubMed - indexed for MEDLINE]</p> <p>8. Research and statistics: a question of time: cross-sectional versus longitudinal study designs.</p> <p>Johnson SL. <i>Pediatr Rev.</i> 2010 Jun;31(6):250-1. doi: 10.1542/pir.31-6-250. No abstract available.</p> <p>PMID: 20516237 [PubMed - indexed for MEDLINE]</p> <p>9. Research and statistics: demystifying type I and type II errors.</p> <p>Jennings JM, Sibinga E. <i>Pediatr Rev.</i> 2010 May;31(5):209-10. doi: 10.1542/pir.31-5-209. No abstract available.</p> <p>Erratum in: PMID: 20435712 [PubMed - indexed for MEDLINE]</p> <p>10. Research and statistics: understanding and identifying bias in research studies.</p> <p>Jennings JM, Sibinga E. <i>Pediatr Rev.</i> 2010 Apr;31(4):161-2. doi: 10.1542/pir.31-4-161. No abstract available.</p> <p>PMID: 20360411 [PubMed - indexed for MEDLINE]</p>	

MK-1. *Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems (continued)*

Level	Milestone	Materials	Activities/Assessment Tools
		<p>11. Research and statistics: case-control studies.</p> <p>Upadhya K, Rowe P. <i>Pediatr Rev.</i> 2010 Feb;31(2):70-1. doi: 10.1542/pir.31-2-70. No abstract available.</p> <p>PMID: 20124276 [PubMed - indexed for MEDLINE]</p> <p>12. Research and statistics: validity hierarchy for study design and study type.</p> <p>Perry-Parrish C, Dodge R. <i>Pediatr Rev.</i> 2010 Jan;31(1):27-9. doi: 10.1542/pir.31-1-27. No abstract available.</p> <p>PMID: 20048036 [PubMed - indexed for MEDLINE]</p> <p>13. Research and statistics. Systematic reviews and meta-analyses.</p> <p>Bair-Merritt MH. <i>Pediatr Rev.</i> 2009 Oct;30(10):409-10. doi: 10.1542/pir.30-10-409. No abstract available.</p> <p>PMID: 19797485 [PubMed - indexed for MEDLINE] Free PMC Article</p> <p>14. Research and statistics: cohort studies.</p> <p>Hernandez RG, Rowe PC. <i>Pediatr Rev.</i> 2009 Sep;30(9):364-5. doi: 10.1542/pir.30-9-364. No abstract available.</p> <p>PMID: 19726703 [PubMed - indexed for MEDLINE]</p> <p>15. Research and statistics: case reports, anecdotal evidence, and descriptive epidemiologic studies in pediatric practice.</p> <p>Moore EM, Johnson SB. <i>Pediatr Rev.</i> 2009 Aug;30(8):323-4. doi: 10.1542/pir.30-8-323. No abstract available.</p> <p>PMID: 19648264 [PubMed - indexed for MEDLINE]</p>	

MK-1. *Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems (continued)*

Level	Milestone	Materials	Activities/Assessment Tools
		<p>16. Research and statistics: reliability and validity in pediatric practice.</p> <p>Copeland-Linder N. <i>Pediatr Rev.</i> 2009 Jul;30(7):278-9. doi: 10.1542/pir.30-7-278. No abstract available.</p>	

SBP1. *Coordinate patient care within the health care system relevant to their clinical specialty*

Level	Milestone	Materials	Activities/Assessment Tools
1	<p>Performs the role of medical decision-maker, developing care plans and setting goals of care independently; informs patient/family of the plan, but no written care plan is provided; makes referrals, and requests consultations and testing with little or no communication with team members or consultants; is not involved in the transition of care between settings (e.g., outpatient and inpatient, pediatric and adult); shows little or no recognition of social/educational/cultural issues affecting the patient/family.</p>		
2	<p>Begins to involve the patient/family in setting care goals and some of the decisions involved in the care plan; a written care plan is occasionally made available to the patient/family; care plan does not address key issues; has variable communication with team members and consultants regarding referrals, consultations, and testing; answers patient/family questions regarding results and recommendations; may inconsistently be involved in the transition of care between settings (e.g., outpatient and inpatient, pediatric and adult); makes some assessment of social/educational/cultural issues affecting the patient/family and applies this in interactions.</p>		
3	<p>Recognizes the responsibility to assist families in navigation of the complex health care system; frequently involves patient/family in decisions at all levels of care, setting goals, and defining care plans; frequently makes a written care plan available to the patient/family and to appropriately authorized members of the care team; care plan omits few key issues; has good communication with team members and consultants; consistently discusses results and recommendations with patient/family; is routinely involved in the transition of care between settings (e.g., outpatient and inpatient, pediatric and adult); considers social, educational and cultural issues in most care.</p>		

SBP1. *Coordinate patient care within the health care system relevant to their clinical specialty*
(continued)

Level	Milestone	Materials	Activities/Assessment Tools
4	<p>Actively assists families in navigating the complex health care system; has open communication, facilitating trust in the patient-physician interaction; develops goals and makes decisions jointly with the patient/family (shared-decision-making); routinely makes a written care plan available to the patient/family and to appropriately authorized members of the care team; makes a thorough care plan, addressing all key issues; facilitates care through consultation, referral, testing, monitoring, and follow-up, helping the family to interpret and act on results/recommendations; coordinates seamless transitions of care between settings (e.g., outpatient and inpatient, pediatric and adult; mental and dental health; education; housing; food security; family-to-family support); builds partnerships that foster family-centered, culturally-effective care, ensuring communication and collaboration along the continuum of care.</p>	<p>Training for Better Care: A Cultural Competency Curriculum for the Health Professions http://www.columbia.edu/itc/hs/medical/residency/peds/new_com-peds_site/pdfs_new/cultural_competency_manual-10-25-07.pdf</p> <p>Columbia University Medical Center</p>	
5	<p>Current literature does not distinguish between behaviors of proficient and expert practitioners. Expertise is not an expectation of GME training, as it requires deliberate practice over time.</p>		

SBP2. Advocate for quality patient care and optimal patient care systems.

Level	Milestone	Materials	Activities/Assessment Tools
1	Attends to medical needs of individual patient(s); wants to take good care of patients and takes action for individual patients' health care needs.		
2	Demonstrates recognition that an individual patient's issues are shared by other patients, that there are systems at play, and that there is a need for quality improvement of those systems; acts on the observed need to assess and improve quality of care.		
3	Acts within the defined medical role to address an issue or problem that is confronting a cohort of patients; may enlist colleagues to help with this problem .		
4	Actively participates in hospital-initiated quality improvement and safety actions; demonstrates a desire to have an impact beyond the hospital walls .	<p>Immunization CME http://mcaap.org/immunization-cme/</p> <p>Includes recent webinar on strategies to improve HPV vaccination rates. CME available. Could be linked back to state or county data on HPV rates or even specific to practice site for pediatric residents wishing to do QI project / improve vaccination rates.</p> <p>Teaching Immunization for Medical Education (TIME) This curriculum is designed for use in medical schools to support immunization instruction. The materials provide student objectives, learning objectives, key teaching points, and resources.</p> <p>The TIME modules provide ready-to-use instructional materials that can be integrated into existing medical curricula. The modules include vaccine indications and contraindications, immunization schedules, and recommendations on efficient ways to increase vaccination levels. The following case-based modules are designed to encourage active, small-group learning, use modest amounts of faculty and learner time and are objective-driven.</p> <p>http://www.aptrweb.org/?page=time</p>	

SBP2. *Advocate for quality patient care and optimal patient care systems.*
 (continued)

Level	Milestone	Materials	Activities/Assessment Tools
5	Identifies and acts to begin the process of improvement projects both inside the hospital and within one's practice community.	<p>Teaching Immunization Delivery and Evaluation (TIDE)</p> <p>TIDE is a group of highly interactive, case-based modules. It's designed to help clinicians learn to store, give, and communicate about immunizations with technical excellence.</p> <p>http://tide.musc.edu/users</p>	

SBP3. *Work in inter-professional teams to enhance patient safety and improve patient care quality*

Level	Milestone	Materials	Activities/Assessment Tools
1	Seeks answers and responds to authority from only intra-professional colleagues; does not recognize other members of the interdisciplinary team as being important or making significant contributions to the team; tends to dismiss input from other professionals aside from other physicians.		
2	Is beginning to have an understanding of the other professionals on the team, especially their unique knowledge base, and is open to their input, however, still acquiesces to physician authorities to resolve conflict and provide answers in the face of ambiguity; is not dismissive of other health care professionals, but is unlikely to seek out those individuals when confronted with ambiguous situations.		
3	Aware of the unique contributions (knowledge, skills, and attitudes) of other health care professionals, and seeks their input for appropriate issues, and as a result, is an excellent team player.		
4	Same as Level 3, but an individual at this stage understands the broader connectivity of the professions and their complementary nature; recognizes that quality patient care only occurs in the context of the inter-professional team; serves as a role model for others in interdisciplinary work and is an excellent team leader.	<p>Core Competencies for Interprofessional Collaborative Practice, Report of an Expert Panel</p> <p>http://www.aacn.nche.edu/education-resources/ipcreport.pdf</p>	<p>Participate in family-centered rounds with members of health-care team.</p> <p>360 feedback from other members of healthcare team</p>
5	Current literature does not distinguish between behaviors of proficient and expert practitioners. Expertise is not an expectation of GME training, as it requires deliberate practice over time.		

REFERENCES

- Frieden, T. R. (2010). A framework for public health action: the health impact pyramid. *American journal of public health*, 100(4), 590-595.
- Kaprielian, V. S., Silberberg, M., McDonald, M. A., Koo, D., Hull, S. K., Murphy, G., ... & Michener, J. L. (2013). Teaching population health: a competency map approach to education. *Academic medicine: journal of the Association of American Medical Colleges*, 88(5), 626.
- Kindig, D., & Stoddart, G. (2003). What is population health?. *American Journal of Public Health*, 93(3), 380-383.
- Wagner, E. H. (2010). Academia, chronic care, and the future of primary care. *Journal of general internal medicine*, 25(4), 636-638.