		Training modalities	Evaluators	Evaluation tools
С	ompetency			
1.	Patient Care	Direct patient care on inpatient, critical care and ambulatory services in diverse settings; patient management conferences.	Clinic preceptors and supervising faculty, chief residents, senior residents, peers, other healthcare personnel, patients and families.	Chart review/audit, presentation evaluations at morning report and on attending rounds, direct observation, simulations, 180/360 degree evaluations, global evaluations, patient care & procedure logs
2.	Medical Knowledge	Patient management; small and large group presentations and conferences; EBM Tutorials; Morning Report and Attending Rounds presentations	Supervising faculty, chief residents and senior residents, peers; program director via exams.	pre/post rotation exams, annual ABP In-Training Exams, presentation evaluations, projects/reports, patient care logs, 180 degree assessments, focused observation, global evaluations, committee eval.
3.	Practice -based learning and Improvement	EBM Tutorials; direct patient management; supervision of patient management; participation in QA actions; participation in Morning Report and Attending Rounds; M&M/QA conferences;	EBM faculty, clinic preceptors and supervising faculty, chief residents, senior residents, peers; senior faculty and program director.	Outcome reviews, literature reviews, evaluations of content of presentations, response to feedback, <b>portfolios</b> , 180 degree assessments, <b>global evaluations</b> , conf. attendance records
4.	Interpersonal & Communication Skills	Direct patient care responsibilities; rotations on consultation services; teaching students and other healthcare providers, teaching parents, counseling families and patients in a broad range of settings; seminars on communication skills	Students, peers, supervising faculty, chief residents, senior residents, nursing and support staff, patients/families.	Direct observation, 180/360 degree evaluations, global evaluations/ratings, committee assessments
5.	Professionalism	Participation on patient care teams; participation in ethics conferences and consultations; direct patient care responsibilities both inpatient and ambulatory in a broad range of clinical settings; seminars on cultural diversity	Supervising faculty, chief and senior residents, program director	180 degree evaluations, <b>global</b> ratings, portfolio, attendance records, committee assessments, direct observation
6.	Systems -based Practice	Responsibility for coordinating patient care in both inpatient and outpatient settings; conferences on health management, HMOs, practices, coding, billing, documentation; interacting with PMDs; serving as a PCP.	Clinic preceptors, supervising attendings, chief residents and senior residents.	180 degree evaluations, <b>direct</b> <b>observation</b> , simulations, examinations (multimedia), <b>chart review/audits</b> , outcome review, self-assessment