OHSU-Cascades East Family Medicine Aspirational Individualized Learning Plan:

Resident: _____ Learner Level : _____

Description of identified performance goals :					
Resident has set professional goal to advocate for patients, families and communities to optimize health care equity and minimize health outcome disparities. (EPA 18) This will additionally require ability to use data to optimize care of populations (EPA 16), and the ability to provide leadership within interprofessional health care teams (EPA 19).					
Performance Expectations - Subcompetency	**Basic Milestone Levels to Achieve**	**Learning Objectives and Strategies**	**Timeline /Evaluation**	**Aspirational Milestones**	**Resources**
PC-3 Partners with the patient, family, and community to improve health through disease prevention and health promotion	Lvl 3 - Partners with the patient and family to overcome barriers to disease prevention and health promotion Lvl 3 - Mobilizes team members and links patients with community resources to achieve health promotion and disease prevention goals (EPA 19) Lvl 4 – Tracks and monitors disease prevention and health promotion for the practice population (EPA 16)	1. Identify barriers for health in each patient and family encounter, working with preceptor, case management and others to include this in assessments and plans 2. Meet regularly with RN case manager for clinic and clinical team to assess community resources and potential ways the team can be integrated 3. Review quarterly reports for individual resident panel, clinical team and practice with advisor and clinic director 4. Meet with Metrics and Quality team to help develop interventions based on data reports 5. Find opportunities for sharing ideas	Medical Director and Clinic Director Eval of participation Reflection with advisor or mentor	Partners with the community to improve population health	Medical Director Clinic Director RN Case Manager CCO meetings Sky Lakes Medical Center Clinical Metrics meetings

		across multiple clinics and community partners			
PBL-3 Improves systems in which the physician provides care (EPA-16)	Uses a systematic improvement method (PDSA) to address an identified area of improvement	1. Participate in structured improvement projects at the clinic level, such as with Healthy Hearts Northwest 2. Begin leading a QI project that is in process 3. Develop a new QI project and follow it longitudinally	Medical Director and Clinic Director Eval of participation	Role models continuous quality improvement of personal practice as well as larger health systems or complex projects, using advanced methodologies and skill sets	IHI Modules on improvement science Quality Improvement
SBP-2 Emphasizes patient safety	Lvl 4 – Consistently engages in self-directed and practice improvement activities that seek to identify and address medical errors and patient safety in daily practice	1. Attend patient safety case conferences 2. Join hospital or clinic Patient Safety committee with longitudinal attendance over 6-12 months 3. Review systems approaches and reflect on potential improvements with advisor or mentor	Medical Director and Clinic Director Eval of participation Reflection with advisor or mentor	Role models self-directed and system improvement activities that seek to continuously anticipate, identify and prevent medical errors to improve patient safety in all settings, including the development, use, and promotion of patient care protocols and other tools	IHI Modules Patient safety committee

OHSU-Cascades East Family Medicine Aspirational Individualized Learning Plan:

SBP-3 Advocates for individual and community health	Lvl 3 – Identifies specific community characteristics that impact specific patients' health Lvl 3 – Understand the process of conducting a community strengths and needs assessment Lvl 4 – Collaborates with other practices, public health, and community-based organizations to educate the public, guide policies, and implement and evaluate community initiatives	1. Review county and state data identifying health status, recognizing disparities, and reflect on how this impacts individual patients 2. Conduct a community health assessment and participate in the development and monitoring of a community health improvement plan with a local entity (public health department, coordinated care organization, hospital, or coalition such as Health Klamath)	Mentor and community partner evaluation	Seeks to improve the health care systems in which he or she practices Role models active involvement in community education and policy change to improve the health of patients and communities	Primary care/public health collaboration: Practical playbook www.**practicalplaybook**.org/ RWJF County Health Rankings HealthyKlamath.org (insert local website)
Prof-3 Demonstrates humanism and cultural proficiency	Lvl 3 – Identifies health inequities and social determinants of health and their impact on individual and	1. Reflect on the impact of health inequities and SDH on individuals and families through reflective writing and/or discussions with advisors 2. Utilize this	Reflections with advisor or mentor	Demonstrates leadership in cultural proficiency, understanding of health disparities and social determinants of	Unnatural Causes DVDs Donna Beegle, Poverty Institute resources "Be the Difference" DVD and Action Guide

	family health Lvl 4 – Anticipates and develops a shared understanding of needs and desires with patients and families; works in partnership to meet those needs	awareness in mobilizing the health care team and leading the health care team into approaching the patient/family in their social context, while working to address barriers to health 3. Work to develop strategies for the practice and residency to notice and address social determinants of health and barriers to health		health Develops organizational policies and education to support the application of these principles in the practice of medicine	
C-2 Communicates effectively with patient families and the public	Role models effective communication with patients, families and the public Engages community partners to educate the public	1. Provide community education at various venues for health promotion 2. Develop advocacy skills for telling patient stories in order to promote health-related policies with elected officials, media, and governmental groups		See previous	OAFP and AAFP advocacy resources AAFP Family Medicine Advocacy Summit
C-3 Develops relationships and effectively communicates with physicians, other health professionals and health care teams	Lvl 3 – Communicates collaboratively with the health care team by listening attentively, sharing information, and giving and	1. Recognize how a team-based approach to addressing barriers for health might be a source of stress for various members of the health care team 2. Identify the “comfort zone” for each team member and what roles	360 Evals Reflections with advisor or mentor	Sustains collaborative working relationships during complex and challenging situations Effectively negotiates and	

	receiving constructive feedback	make them comfortable or uncomfortable. Develop conversations and strategies with team members to address sources of discomfort in team functioning 3. Articulate shared goals/mission for addressing patient needs that helps teams overcome conflict or discomfort and align in the best interest of the patient		manages conflict among members of the health care team in the best interest of the patient	
Longitudinal evaluations :	**Meet once or twice each block with advisor or learning plan mentor to review progress, map out next steps, set goals.**				

"I have read and understood the content and terms of this individual academic advancement plan. I understand what is expected of me and what I need to accomplish in order to successfully complete it."

Resident Signature/Date_____

_____ _____ _____ _____

_____ _____

Clinical Competency Committee Chair (signature & date) Program Director (signature & date)
Advisor (signature & date)