

360-Degree Feedback Evaluation

Name of diplomate being evaluated: _____ Evaluator (please select correct category):

Competency (Cx) Performance Indicators (Px)	Unable to Assess	Rarely Demonstrates (<25% of the time)	Sometimes Demonstrates (25-50% of the time)	Demonstrates in most cases (51-75% of the time)	Demonstrates in nearly all cases (>75% of the time)
	UA	1	2	3	4
<input type="checkbox"/> C1: Communicate to target groups, including health professionals, the public, and the media, in a clear and effective manner, orally and in writing, the levels of risk from real or potential hazards and the rationale for selected interventions. Communication reflects:					
P1: In-depth understanding of the group to be addressed, including the group's perception of risk.					
P2: Current knowledge of subject and transmission of accurate information (i.e., factual correctness and statistical soundness).					
P3: Appropriate approach, methodology, format, messages, language, and audiovisual aids.					
P4: Appropriate appearance and level of formality.					
P5: Clear delivery and organization of material.					
P6: Effective responses to audience questions and comments.					
P7: Effective consensus building, direction, and call to action.					
P8: Plans to evaluate outcome of communications.					
P9: Preparation of materials for scholarly publication.					
P10: Appropriate management of confidentiality issues.					
C1 Comments:					

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<input type="checkbox"/> C2: Demonstrate the ability to prioritize new or ongoing projects or programs according to their potential impact, as defined by objective, measurable criteria. This reflects:					
P1: Accurate statement of current knowledge about the problem.					
P2: Sound design and methodology.					
P3: Evidence-based assessment of outcomes.					
P4: Development and use of appropriate prioritization model.					
P5: Consideration of all articulated criteria, e.g., need for program; fit with organization's jurisdiction, criteria, or mandate; feasibility; political realities; resource constraints; compatibility with goals of other relevant organizations; absolute and relative costs in relation to benefits.					
C2 Comments:					
<input type="checkbox"/> C3: Use information technology for specific applications relevant to preventive medicine and public health. This reflects:					
P1: Given the organization's options for automation, identify: appropriate and inappropriate uses for computers and potential for networking and interface between user and system.					
P2: Be able to use computers for each of the following: word processing; communications through the internet; reference retrieval; statistical analysis and computations; graphics and spreadsheets; database management.					
P3: Be able to utilize/analyze/evaluate electronic health records and health information technology (HIT), especially public health information systems/population data sources.					
P4: Be able to create/evaluate linkages to other HIT systems, e.g., disease-specific registries.					
C3 Comments:					

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<input type="checkbox"/> C4: Interpret relevant laws and regulations relating to protection and promotion of the public's health. This reflects:					
P1: Review of legislation of all relevant jurisdictions on a particular issue, identifying to whom responsibilities are authorized and whether resources for implementation are appropriated.					
P2: Identification of need for statutes and regulations and the process by which they are developed.					
P3: Identification and explanation of methods to access laws and regulations germane to situation.					
P4: Recommendation of courses of action when questions are based on recognition of legal and regulatory options.					
C4 Comments:					
<input type="checkbox"/> C5: Identify ethical, social and cultural issues relating to policies, risk, research, and interventions in public health and preventive medicine contexts. This reflects:					
P1: Recognition of cultural diversity and its impact on community health issues.					
P2: Determination of risk as it relates to ethnic and cultural identification.					
P3: Development of a health program approach appropriate to and involving relevant groups that demonstrates awareness of: organizational values, knowledge, attitudes and behaviors related to health and disease.					
P4: Recognition of ethical issues related to interventions.					
P5: Conscientious use of human subjects review and informed consent, including sensitivity to individual rights.					
C5 Comments:					

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<input type="checkbox"/> C6: Identify the processes by which decisions are made within an organization or agency and their points of influence. This reflects:					
P1: Identification of organizational structure and its relevance to the decision-making process.					
P2: Identification of stakeholders and their interests.					
P3: Determination of decision-makers and their influence, perspective on issues, and style of decision-making.					
P4: Communication of findings to appropriate audiences.					
C6 Comments:					
<input type="checkbox"/> C7: Identify and coordinate the integrated use of available resources to improve the community's health. This reflects:					
P1: Assessment of resources needed for a health program and methods to obtain resources not currently available.					
P2: Development of a plan for the health program, negotiating with community elements and groups, and using consensus building and a team approach.					
P3: Coordination and implementation of the negotiated plan.					
P4: Evaluation of health program outcome through use of predetermined measurement criteria.					
C7 Comments:					
BIOSTATISTICS/EPIDEMIOLOGY (C8-C13)					
<input type="checkbox"/> C8: Characterize the health of a community. This reflects:					

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P1: Assembly and review of existing data, e.g., census, vital statistics, health care/public health, and law enforcement.					
P2: Analysis and interpretation of information based on the above data.					
P3: Validation and justification of methods, noting limitations.					
P4: Review of relevant literature.					
P5: Further investigation as needed.					
P6: Reporting to community, including recommendations.					
C8 Comments:					
<input type="checkbox"/> C9: Design and conduct an epidemiologic study. Study includes:					
P1: Definition of problem.					
P2: Collection and review of background information.					
P3: Selection and application of appropriate data collection and management methods and biostatistical techniques.					
P4: Implementation of protocol as designed.					
P5: Interpretation of results.					
P6: Identification of study limitation.					
P7: Formulation and dissemination of conclusions and recommendations.					
C9 Comments:					
<input type="checkbox"/> C10: Design and operate a surveillance system. Surveillance system reflects:					
P1: Determination and documentation of rationale and feasibility of surveillance.					
P2: Operational definition of cases and identification of appropriate data sources.					

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P3: Use of appropriate surveillance tools (e.g., screening, lab reports, vital records).					
P4: Analysis and use of data generated.					
P5: Evaluation of the sensitivity and specificity of the surveillance system.					
C10 Comments:					
<input type="checkbox"/> C11: Select and describe limitations of appropriate statistical analyses as applied to a particular data set. Description reflects:					
P1: Identification and documentation of data set characteristics.					
P2: Appropriate use of statistical methods.					
C11 Comments:					
<input type="checkbox"/> C12: Translate epidemiologic findings into a recommendation for a specific intervention to control a public health problem. Recommendation reflects:					
P1: Demonstration of critical review of literature on a specific preventive medicine issue.					
P2: Identification of data on which findings were based.					
P3: Application of epidemiologic principles.					
P4: Identification of operational limitations and realities.					

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P5: Development of practical interventions strategies.					
P6: Presentation of findings to decision-makers.					
C12 Comments:					
<input type="checkbox"/> C13: Design and/or conduct an outbreak and/or cluster investigation. This reflects:					
P1: Application of epidemiologic principles.					
P2: Identification of unusual occurrences of disease, injury, or other adverse health conditions.					
P3: Management of acute situations as appropriate.					
P4: Recommendation of control measures.					
P5: Communication of findings to appropriate audiences.					
C13 Comments:					
MANAGEMENT AND ADMINISTRATION (C14-C17)					
<input type="checkbox"/> C14: Assess data and formulate policy for a given health issue. Policy reflects assessment of:					
P1: Need.					
P2: Interest of stakeholders (including but not limited to vested, public, and professional interest groups).					
P3: Current scientific evidence.					
P4: Legal/regulatory requirements.					
P5: Resource constraints.					

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P6: Costs and benefits.					
C14 Comments:					
<input type="checkbox"/> C15: Develop and implement a plan to address a specific health issue or problem. Plan includes:					
P1: Definition of issue or problem.					
P2: Needs assessment.					
P3: Goals and objectives with measurable outcomes.					
P4: Well defined, realistic, measurable and specific tasks and activities related to goals and objectives.					
P5: Proper involvement and consultation with responsible parties including implementation authority.					
P6: Accurate assessment of fiscal and personnel resources and time requirements.					
P7: Marketing plan developed and incorporated.					
P8: Evaluation strategy for the plan.					
C15 Comments:					
<input type="checkbox"/> C16: Conduct an evaluation or quality assessment based on process and outcome performance measures. Evaluation reflects:					
P1: Definition of appropriate performance measures to assess progress in achieving goals and objectives.					
P2: Where indicated, performance measures relate to health status and are conducive to epidemiologic evaluation.					
P3: Performance measures are compared before and after the implementation of a plan or intervention.					
P4: Analysis should lead to meaningful conclusions and to recommendations for change, where indicated.					

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C16 Comments:					
<input type="checkbox"/> C17: Manage the operation of a program or project, including human and fiscal resources. This reflects appropriate use of:					
P1: Organizational documents (e.g., a table of organization) that specify responsibilities for accomplishing the program.					
P2: Human resource management, including personnel job classifications needed.					
P3: Budget management, including developing a line item budget that delineates human and other resources to be used.					
P4: Milestone tracking system or work plan that specifies time allocated to accomplish the program as well as the results of the effort.					
P5: Relationships between the organization and federal, state and local public, private, and voluntary organizations with which the agency interacts.					
C17 Comments:					
MEDICAL MANAGEMENT (C18-C21)					
<input type="checkbox"/> C18: Design, manage, and evaluate health service delivery programs to improve the health of a defined population. This reflects demonstrated ability in:					
P1: Planning and implementation of strategies for health promotion, disease prevention, demand management (self-care) and disease management in a health care organization.					
P2: Design, implementation, and evaluation of clinical practice guidelines, quality management/quality improvement programs, utilization management, case management, and other activities to enhance an organization's performance and reduce practice variation.					
P3: Evaluation of health service delivery through application of techniques such as process improvement, benchmarking, outcomes assessment, and clinical epidemiology.					

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P4: Analysis of the impact of managed care (e.g., MHO, POS, and PPO) and other health service delivery systems/reimbursement models (e.g., fee for service, third party payer, managed indemnity) on the health of defined populations, patient, payer and provider needs and behaviors, and organizational performance.					
P5: Use of marketing strategies to promote appropriate participation in a population-based health service, to alter patient, provider, or organizational behavior in order to improve health and the delivery of health services, and/or to support the development of health care products and services.					
P6: Use of systematically collected data to prioritize system problems, identify and implement best practices, continue to improve service delivery, and assure appropriate use of products and interventions.					
P7: Evaluation of the effectiveness, medical necessity, and appropriate use of products and interventions.					
P8: Design of systems of care that meet patient needs for access and acceptability, and measurement of patient satisfaction with these systems.					
C18 Comments:					
<input type="checkbox"/> C19: Apply appropriate financial and business management techniques to assure efficient delivery of cost-effective health services. This reflects demonstrated ability in:					
P1: Critical interpretation of capitation and standard financial management reports and development of recommendations to enhance organizational effectiveness.					
P2: Use of techniques such as cost-effectiveness analysis, cost-benefit analysis, and decision analysis (including prioritization) to allocate and manage clinical and financial resources.					
P3: Preparation of a business and financial plan that incorporates basic accounting principles (e.g., analysis of balance sheet, income statements, performance projections, statement of cash flow), and techniques such as cost accounting, pricing of services, analysis of return on investment, market prediction and analysis, economic valuation of service to client and group, recognition of the need for capital formation and budget development to evaluate current or proposed health care products or services.					

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P4: Assessment, negotiation, and management of provider contracts, including such issues as basis of payment (e.g., capitation, fee-for-service), risk sharing, and reporting requirements.					
P5: Preparation of a strategic plan that analyzes the external environment (including competition and legislative regulatory changes), the internal environment (including staffing and ethical issues), and strengths, weaknesses, opportunities and threats related to the success of the enterprise.					
P6: Analysis of insurance principles (e.g., adverse selection, law of large numbers, risk analysis, community experience rating) and ways insurance benefits are packaged, priced and implemented to facilitate the provision of quality health care and avoid business problems.					
C19 Comments:					
<input type="checkbox"/> C20: Apply organizational principles to manage a health care organization or unit. This reflects demonstrated ability in:					
P1: Determination of management information needs and use of medical informatics, electronic health and patient care data, and management of information systems.					
P2: Appropriate use of human resources management principles in selection, retention, promotion, motivation, appraisal, and discipline of employees, and in managing workforce diversity.					
P3: Appropriate use of management principles in conflict resolution, negotiation, consensus building, problem solving, team building and change management.					
P4: Effective leadership capabilities, including creation of a vision, development of a shared strategy, coordination of affected parties and resources, and communication with stakeholders.					
C20 Comments:					

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<input type="checkbox"/> C21: Assure that health service activities reflect ethical standards, comply with all pertinent legal and regulatory requirements (e.g., ERISA, ADA), and incorporate risk management principles and practices. This reflects demonstrated ability in:					
P1: Identification and analysis of an ethical issue in a health care setting and effective communication of a recommended resolution.					
P2: Identification and analysis of a liability issue in a health care setting, and design and communication of a risk reduction strategy.					
P3: Incorporation of knowledge of statutes, regulations, case law, contract law, administrative law, and regulations and accreditation requirements in the operation of health care organizations in areas such as liability, restraint of trade, conflict of interest, privileging, credentialing, certification practices, confidentiality, discrimination and unionism.					
P4: Influencing state and federal legislative regulatory processes toward the goal of creating or rewarding health care systems and interventions that enhance the health of our communities.					
C21 Comments:					
CLINICAL PREVENTIVE MEDICINE (C22-C25)					
<input type="checkbox"/> C22: Develop, implement, and refine screening programs for groups (by application of USPSTF and other recognized guidelines) to identify risks for disease or injury and opportunities to promote wellness. Development/implementation/refinement reflect:					
P1: Characterizing the population to identify target conditions.					
P2: Assessing the knowledge, attitudes, and preferences of the target population.					
P3: Assessing the utility of screening tools.					
P4: Assessing the screening programs using accepted standards.					
P5: Assessing resources.					
P6: Creating structures (clinic staffing, etc.).					
P7: Monitoring program effectiveness.					
P8: Reporting results appropriately.					

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C22 Comments:					
<input type="checkbox"/> C23: Design and implement clinical preventive services for individuals. Design and implementation reflect:					
P1: Conducting risk assessment.					
P3: Providing screening and counseling services.					
P3: Providing chemoprophylaxis (e.g., immunization, prophylaxis for TB).					
C23 Comments:					
<input type="checkbox"/> C24: Implement community-based interventions to modify or eliminate identified risks for disease or injury and to promote wellness. Implementation reflects:					
P1: Characterizing the population to identify target conditions and effective interventions.					
P2: Assessing the effectiveness of interventions, based upon behavioral, environmental, and occupational factors.					
P3: Monitoring groups to implement interventions.					
P4: Monitoring program effectiveness.					

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C24 Comments:					
<input type="checkbox"/> C25: Diagnose and manage diseases/injuries/conditions in which prevention plays a key role. Diagnosing and managing reflect:					
P1: Identification of diseases/injuries/conditions in which prevention plays a key role.					
P2: Diagnosing diseases/injuries/conditions in which prevention plays a key role.					
P3: Managing and referring diseases/injuries/conditions in which prevention plays a key role.					
P4: Preventing and controlling exposure to diseases/injuries/conditions in which prevention plays a key role.					
C25 Comments:					
OCCUPATIONAL AND ENVIRONMENTAL HEALTH (C26-C27)					
<input type="checkbox"/> C26: Assess individual risk for occupational/environmental disorders using an occupational and environmental history. Competent assessment reflects:					
P1: Obtaining brief as well as comprehensive patient histories, accurately and with an emphasis on occupation and exposure.					
P2: Recognizing the potential relationships between patient symptoms and occupational and environmental exposures.					
P3: Identifying occupational/environmental illness and injuries with the appropriate use of consultants in related disciplines.					
P4: Reporting findings to affected individuals and appropriate organizations, advocating for the health and safety of patients and employees, as well as the interests of employers and other stakeholders.					

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P5: Intervening to mitigate occupational and environmental risk, promoting health and safety of the patient, workplace and community.					
P6: Evaluating the effectiveness of prescribed interventions.					
C26 Comments:					
<input type="checkbox"/> C27: Identify occupational and environmental hazards, illnesses, and injuries in defined populations, and assess and respond to identified risks. Identification and response reflect:					
P1: Characterizing existing and potential occupational and environmental hazards within the defined population.					
P2: Recognizing the health effects of toxic chemicals and other occupational and environmental exposures.					
P3: Identifying sources and routes of environmental exposures and recommending methods of reducing environmental risk.					
P4: Evaluating the effectiveness of risk reduction methods.					
P5: Utilizing occupational and environmental information resources to conduct a literature search or research the health effects of a chemical substance.					
C27 Comments:					
ACGME GENERAL PHYSICIAN COMPETENCIES (C28-33)					
<input type="checkbox"/> C28: Patient or Community-oriented Care: Provide patient care and/or community-based interventions that are compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. This includes the ability to:					
P1: Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients, their families, and communities.					
P2: Gather essential and accurate information about one's patients or target population.					
P3: Make informed decisions about interventions based on patient/community information and preferences, up-to-date scientific evidence, and professional judgment.					
P4: Develop and carry out patient management plans and/or community interventions.					
P5: Counsel and educate patients, their families, and communities.					

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P6: Use information technology to support patient care decisions and patient/community education.					
P7: Perform competently preventive measures, screenings or interventions considered essential for the area of practice or the health of the community.					
P8: Provide health care services aimed at preventing health problems or maintaining health.					
P9: Work with health care professionals, including those from other disciplines, to provide patient-focused care and/or community-based interventions.					
C28 Comments:					
<input type="checkbox"/> C29: Medical Knowledge: Demonstrate knowledge about established and evolving biomedical, clinical, and public health sciences and the application of this knowledge to patient care, preventive services and/or population medicine. This includes the ability to:					
P1: Demonstrate an investigatory and analytic thinking approach to clinical situations and development of community-based interventions.					
P2: Know and apply the basic, clinically supportive and/or social sciences that are appropriate to one's scope of practice.					
C29 Comments:					
<input type="checkbox"/> C30: Practice-based Learning and Improvement: Investigate and evaluate one's practices, appraise and assimilate scientific evidence, and improve one's ability to provide patient care, preventive services and/or community-based interventions. This includes the ability to:					
P1: Analyze practice experience and perform practice-based improvement activities using a systematic methodology.					

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P2: Locate, appraise, and assimilate evidence from scientific studies related to one's patients' or community's health problems.					
P3: Obtain and use information about one's own population of patients or target community and the larger population from which one's patients are drawn.					
P4: Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and community-based interventions.					
P5: Use information technology to manage information, access on-line medical information, and support one's own education.					
P6: Facilitate the learning of students, other health care professionals, members of the community, and the public.					
C30 Comments:					
<input type="checkbox"/> C31: Interpersonal and Communication Skills: Demonstrate interpersonal and communication skills that result in effective information exchange and learning with patients, patients' families, professional associates, and communities. This reflects the ability to:					
P1: Create and sustain a therapeutic and ethically sound relationship with patients and target populations.					
P2: Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.					
P3: Work effectively with others as a member or leader of a health care team or other professional group.					
C31 Comments:					
<input type="checkbox"/> C32: Professionalism: Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. This reflects the ability to:					
P1: Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and community that supersedes self-interest; accountability to patients, community, and the profession; and a commitment to excellence and on-going professional development.					

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P2: Demonstrate a commitment to ethical principles pertaining to provision of population-based medicine, confidentiality of patient information, informed consent, and business practices.					
P3: Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.					
Comments:					
<input type="checkbox"/> 33. Systems-based Practice: Demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care, preventive services, and community-based interventions that are of optimal value. This reflects the ability to:					
P1: Understand how one's patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect one's own practice.					
P2: Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.					
P3: Practice cost-effective health care and resource allocation that does not compromise quality of care or interventions.					
P4: Advocate for quality patient care and healthful communities and assist patients and community members in dealing with system complexities.					
P5: Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care, preventive services, and community-based interventions and, know how these activities can affect system performance.					
Comments:					