

PC1. Gather essential and accurate information about the patient					
Not yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Either gathers too little information or exhaustively gathers information following a template regardless of the patient's chief complaint, with each piece of information gathered seeming as important as the next. Recalls clinical information in the order elicited, with the ability to gather, filter, prioritize, and connect pieces of information being limited by and dependent upon analytic reasoning through basic pathophysiology alone	Clinical experience allows linkage of signs and symptoms of a current patient to those encountered in previous patients. Still relies primarily on analytic reasoning through basic pathophysiology to gather information, but has the ability to link current findings to prior clinical encounters allows information to be filtered, prioritized, and synthesized into pertinent positives and negatives, as well as broad diagnostic categories	Demonstrates an advanced development of pattern recognition that leads to the creation of illness scripts, which allow information to be gathered while simultaneously filtered, prioritized, and synthesized into specific diagnostic considerations. Data gathering is driven by real-time development of a differential diagnosis early in the information-gathering process	Creates well-developed illness scripts that allow essential and accurate information to be gathered and precise diagnoses to be reached with ease and efficiency when presented with most pediatric problems, but still relies on analytic reasoning through basic pathophysiology to gather information when presented with complex or uncommon problems	Creates robust illness scripts and instance scripts (where the specific features of individual patients are remembered and used in future clinical reasoning) that lead to unconscious gathering of essential and accurate information in a targeted and efficient manner when presented with all but the most complex or rare clinical problems. These illness and instance scripts are robust enough to enable discrimination among diagnoses with subtle distinguishing features
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

How would you rate...

- A. Sir William Osler (answer 5)
- B. An intern at the end of PGY1 year, growing and learning from experience, more polished with each rotation (answer 2)
- C. A 4th year sub-I on the first day of July who is pretty green (answer 1)
- D. A high functioning graduating resident (answer 4)
- E. An upper level resident who is efficient and accurate with history taking (answer 3)

What about...

- F. a intern who struggles with synthesizing and organizing information (answer 1)
- G. a PGY2 who is excels at thinking on his feet during an H&P (answer 2 ½ - 3)
- H. a sub-I who is able to learn from prior patients and seamlessly integrates this into her clinical reasoning (answer 2)