

Pediatric Pulmonology Inpatient Service Fellow Eval



**[Subject Name]**  
**[Subject Status]**  
**[Evaluation Dates]**  
**[Subject Rotation]**

**Evaluator**  
**[Evaluator Name]**  
**[Evaluator Status]**

- 1) PC-1. Provide Transfer of care (handoff) that ensures seamless transitions, to the weekend team and/or other units for instance PICU.

	Level 2	Level 3	Level 4	Level 5
<b>Level 1</b> Demonstrates variability from patient to patient in handoff content, accuracy, efficiency, and synthesis.	Uses a standard handoff template and has difficulty adapting the template to complex situations; does not yet anticipate post-transfer issues.	Adapts a standard handoff template to most contexts with few errors; allows time for clarification and questions; is beginning to anticipate post-transfer issues.	Routinely adapts a handoff template to different contexts and uses open communication whether receiving or providing information to avoid errors and discuss post-transfer issues.	Efficiently and reliably adapts and/or deviates from a handoff template as needed. Ensures open communication and explicitly communicates time and place of transfer with team and patients/families.
				N/A
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Comments

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- 2) PC-2. Make informed diagnostic and therapeutic decisions that result in optimal clinical judgement.

Level 1	Level 2	Level 3	Level 4	Level 5
Presents clinical findings without filtering or synthesis. Not yet able to develop working differential diagnoses and management plans.	Focuses on clinical findings without adequate synthesis. Differential diagnoses and management plans are unfocused.	Is beginning to use pattern recognition in diagnostic reasoning. Differential diagnoses and management plans are often well-synthesized.	Routinely organizes clinical findings using pattern recognition. Efficiently develops differential diagnoses and management plan that are usually tailored to individual patients.	Master clinician who consistently models efficient, effective data synthesis leading to differential diagnoses and management plans tailored to individual patients.
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Comments

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3) PC-3. Develop and carry out management plans.

Level 1	Level 2	Level 3	Level 4	Level 5
Develops and carries out management plans based on directives from others without adaption to individual patients.	Develops and carries out management plans based on theoretical knowledge and/or directives from others. Adapts plans based on his/her assumptions about patients/families.	Develops and carries out management plans based on knowledge, some experience, and increasing bidirectional communication with patients/families.	Develops and carries out management plans in most situation based on knowledge, experience and patient/family values clarified in bidirectional communication.	Develops and carries out management plans in all situation based on experience that places knowledge in context and patient/family values clarified in bidirectional communication.
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Comments

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4) PC-4. Provide appropriate role modeling to residents and medical students.

	Level 2	Level 3	Level 4	Level 5
<b>Level 1</b>	Inconsistently aware of the impact of his/her behaviors on others. Occasionally reflects on his/her behavior during interactions.	Often aware of being a role model for professional behavior. Often reflects about his/her behavior during interactions in the presence of learners.	Usually aware of being a role model for professional behavior. Regularly reflects about his/her behavior during and after interactions in the presence of learners.	Always aware of being a role model for professional behavior. Routinely reflects about is/her behavior during and after interactions.
Behaves without apparent awareness of his/her impact on others.				N/A

Comments

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5) MK-1. Locate, appraise, assimilate evidence from scientific studies related to patients' problems.

	Level 2	Level 3	Level 4	Level 5
<b>Level 1</b>	Recognizes the importance of evidence to patient care; searches literature when asked to do so; starting to learn critical appraisal skills.	Performs literature searches without prompting to fill knowledge gaps and advance patient care; is able to critically appraise major outcomes; may need guidance.	Self-motivated to perform and critically appraise advanced searches related to knowledge gaps and patient care; shares findings with others to improve their abilities.	Role model for the routine practice of evidence-based medicine at the individual patient, population and organizational levels.
Explains basic principles of evidence-based medicine, but relevance is limited by lack of clinical exposure.				N/A

Comments

Remaining Characters: 5,000

6) SBP-2. Coordinate patient care within the health care system relevant to specialty.

Level 1	Level 2	Level 3	Level 4	Level 5
Develops care plans with little involvement of, or communication with, patients/families or team members and little attention to social cultural issues.	Is beginning to involve patients/families and team members in the development of care plans. may assess social/cultural issues.	Usually involves patients/families in decisions and care plans. Communicates plan to patients/families and team members. usually considers social/cultural issues.	Routinely involves patients/families in decisions and care plans. Encourages use of open communication and routinely attends to social/cultural issues.	Actively engages patients/families in decisions and care plans. Routinely helps navigate complex systems and coordinates transitions. Always attends to social/cultural issues.
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Comments

Remaining Characters: 5,000

7) SBP-4. Work in inter-professional teams to enhance patient safety and improve care quality.

Level 1	Level 2	Level 3	Level 4	Level 5
Dismissive of input from those outside his/her profession.	Open to input from those outside his/her profession but unlikely to seek it.	Aware that those outside his/her profession bring unique skills to patient care; seeks their input intermittently.	Values the perspectives of those outside his/her profession; excellent team player who routinely seeks balanced input from others.	Embraces collaboration across professions as essential for quality care; understands skills and values of other professions; team role model and leader.
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Comments

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8) SBP-5. Participate in identifying system errors and implementing potential systems solutions.

Level 1	Level 2	Level 3	Level 4	Level 5
Approaches error prevention from an individual case perspective. Has limited capacity to discuss an error or his/her personal responsibility to it.	Identifies error events but cannot identify error types. Beginning to perceive errors as more than individual mistakes.	Actively identifies errors and seeks to determine error types. Sees error analysis as important for error prevention.	Accepts personal responsibility for and actively participates in correction processes, whether individual or system errors.	Consistently encourages open, safe discussion of error from a systems perspective. Routinely engages with teams to prevent errors systems modification.
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Comments

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9) PBLI-3. Use information technology to optimize learning and care delivery.

Level 1	Level 2	Level 3	Level 4	Level 5
Uses IT when mandated or assigned. Often requires assistance in obtaining, filtering and prioritizing information.	Can use databases and tools to retrieve a manageable volume of mostly pertinent information. Uses EHR with some efficiency and reliability.	Can efficiently retrieve and use data from EHR and other IT resources for patient care and learning.	Regularly uses familiar and new IT resources to answer clinical questions and remedy knowledge gaps. Uses evidence based decision-support tools to supplement clinical experience.	Contributes to the further development and implementation of IT for patient care and professional learning.
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Comments

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10) PBLI-4. Participate in the education of patients, families, students, residents and other health professionals.

Level 1	Level 2	Level 3	Level 4	Level 5
Adheres to a standard, scripted, doctor-centered or teacher centered approach to education and counseling.	Improved knowledge results in more flexible education and counseling with more awareness of patient/family needs or learner needs.	Solid knowledge and experience result in education and counseling that can be modified to meet patient/family or learner needs.	Broad knowledge and experience result in education and counseling that are patient/family-centered or learner-centered and may empower or motivate.	Experienced expert who consistently provides education and counseling that empower and motivate patients/families and learners.
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N/A

Comments

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11) PROF-3. Provide leadership that enhances team function, learning environment, health care etc.

Level 1	Level 2	Level 3	Level 4	Level 5
Manages by mandate with limited ability to allow open communication; advocates for self rather than team members.	Implies but does not clarify team member roles and expectations; manages mostly through direction, occasionally engaging team members in decision-making.	Provide some clarification of team member roles and expectations; often allows open communication and shared decision-making.	Routinely clarifies team member roles and expectations; routinely manages through open communication and shared decision-making; usually is efficient and rarely is directive.	Manages a team in an organized and efficient manner with clear understanding of roles and expectations; empowers, supports and inspires members to take ownership of care.
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N/A

Comments

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12) PROF-4. Capacity to accept that ambiguity is part of clinical medicine; use appropriate resources.

<p><b>Level 1</b></p> <p>Uncertainty interferes with ability to provide effective care; may deal with ambiguity in a rigid or authoritarian manner or with avoidance.</p>	<p><b>Level 2</b></p> <p>Is able to recognize the discomfort inherent in uncertain situations; lacks tools to mitigate this effect; may transfer all information to patient/family immediately, regardless of their readiness.</p>	<p><b>Level 3</b></p> <p>Recognizes ambiguity and its challenges; seeks information to resolve it; recognizes that physician and patient /family values may differ; physician perspective still takes precedence in communication.</p>	<p><b>Level 4</b></p> <p>Anticipates the impact of ambiguity and uses it as an opportunity to explore patient/family understanding and goals of care.</p>	<p><b>Level 5</b></p> <p>At times of uncertainty, focuses on patient/family to guide communication and decision- N/A making; remains supportive, flexible, respectful, and engaged throughout the process.</p>
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Comments

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13) ICS-1. Communicate effectively with physicians, other health professionals, health agencies.

<p><b>Level 1</b></p> <p>Communicates via rules-based recitation of facts; often relies on templates or prompts; communication does not change with context, audience or situation.</p>	<p><b>Level 2</b></p> <p>Attempts to adjust length and detail of communication to context; often too long and too detailed.</p>	<p><b>Level 3</b></p> <p>Successfully tailors communication to familiar contexts; can efficiently tell a story and make an argument; beginning to improvise in unfamiliar contexts.</p>	<p><b>Level 4</b></p> <p>Successfully tailors communication in familiar and unfamiliar contexts; has developed strategies for managing stressful scenarios (e.g., inter-professional conflict)</p>	<p><b>Level 5</b></p> <p>Intuitively and successfully tailors communication in all situations; highly-effectiveN/A public speaker; role model for difficult conversations and skilled mediator of disagreement.</p>
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Comments

Remaining Characters: 5,000

14) ICS-2. Work effectively as a member or leader of a health care team or other professional group.

Level 1	Level 2	Level 3	Level 4	Level 5
Self-centered approach with focus on personal rather than team performance; limited interaction with others or acknowledgement of their contributions; passively follows.	Interacts with team members on assigned tasks and recognizes their contributions; may place personal recognition above team performance.	Integral team member who explores individual capabilities, offers coaching, and adapts to team needs; uses two-way communication to verify understanding.	Active team member who leads in areas of expertise; initiates problem-solving, provides and seeks feedback, adapts roles; uses closed-loop communication to verify understanding.	Essential team member and skilled leader; team goals supersede personal goals; leads or follows seamlessly; creates new high-functioning teams and strengthens existing teams.

N/A



Comments

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