

Department of Neurology
 Faculty Evaluation of Neurology PGY 1 Resident



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

Evaluator
[Evaluator Name]
[Evaluator Status]

General Medicine/Subspecialty Inpatient Rotation Evaluation 2014

Please carefully read the descriptions below and choose the rating that most closely matches this resident's performance. If a resident meets all of the description in a lower category and only some in the next highest category, you may choose a rating in the between the lower and higher categories. **You are not expected to evaluate where the resident "should be" for their level of training.** Rather, just match the performance to the descriptions below.

For those categories where narrative comments are required, please carefully read the requested information and be as specific as possible in describing behavior. **Global adjectives or nonspecific remarks such as "good resident" do not provide meaningful feedback to the resident.**

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PATIENT CARE

Unable to perform unsupervised:

Does not collect accurate data, fails to use exam to confirm findings, care plans consistently inappropriate or inaccurate (PC1/2)

Requires indirect supervision:

Consistently acquires accurate data, performs appropriately thorough exam, defines patient's problem using these. Care plans consistently appropriate, recognizes emergencies, seeks additional guidance when appropriate

Able to perform independently:

Efficient, hypothesis driven data gathering, targets exam to complaints, generates prioritized differential. Modifies plan according to clinical course, recognizes presentations that deviate from common patterns, manages complex problems.



PATIENT CARE

Unable to perform unsupervised:

Inconsistent in providing care or managing common complaints; unresponsive to questions when acting as a consultant/unwilling to appropriately place consults, insufficient skill to perform procedures unsupervised (PC3/4/5)

Requires indirect supervision:

Provides comprehensive patient care with indirect supervision, cannot independently supervise lower learners. Can provide a basic risk assessment as a consultant. Asks meaningful questions of consultants. Has basic technical skills for common procedures.

Able to perform independently:

Independently manages a broad spectrum of problems including undifferentiated syndromes. Effectively supervises lower learners. Appropriately provides and weighs consultative recommendations. *Sufficient technical skill to perform procedures and has done so successfully.*



MEDICAL KNOWLEDGE

Unable to perform unsupervised:

Lacks scientific, socioeconomic, behavioral knowledge to provide patient care. Lacks foundational knowledge to apply diagnostic testing (MK1/2)

Requires indirect supervision:

Has sufficient scientific, socioeconomic, behavioral knowledge to provide care for common conditions. Interprets basic diagnostic tests accurately, understands risk/rationale for common procedures.

Able to perform independently:

Has sufficient scientific, socioeconomic, behavioral knowledge to provide care for complex conditions/comprehensive care. *Interprets complex tests appropriately and understands/applies pretest probability/test characteristics.* Teaches rationale/risk of procedures and anticipates complications.



MEDICAL KNOWLEDGE

Please describe how this resident applies his/her medical knowledge to the development of a care plan. Does he/she understand the pathophysiology of common disease presentations and anticipate how the care plan will produce the desired effect?

Comment

Remaining Characters: 5,000

PRACTICE BASED LEARNING AND IMPROVEMENT

Unable to perform unsupervised:

Does not self-reflect on performance, does not participate in/consider results of quality improvement efforts. Does not solicit/resists feedback. Fails to acknowledge uncertainty.(PBLI 1/2/3)

Requires indirect supervision:

Inconsistently self-reflects but able to identify opportunity for improvement from performance data. Solicits feedback only from supervisors, inconsistently incorporates. *Participates in QI, understands common principles.*

Able to perform independently:

Regularly self-reflects, recognizes suboptimal performance as an opportunity to improve. *Actively engages in, understands and applies principles of QI.* Solicits feedback from all participating in the patient's care, accepts and acts on even unsolicited feedback



INTERPERSONAL AND COMMUNICATION SKILLS

Unable to perform unsupervised:

Ignores patient preferences, does not engage in shared decision making. Antagonistic. Communication (verbal and nonverbal) strategies hamper teamwork/collaboration. *Health records incomplete, late, missing data.* Lacks interest in teaching(ICS 1/2/3)

Requires indirect supervision:

Uses shared decision making, may require assistance facilitating difficult or ambiguous discussions or with persons of different backgrounds. Sometimes uses communication strategies that facilitate collaboration. *Records complete* but do not always communicate clinical reasoning. Willing to answer questions of lower level learners and communicate new knowledge to the team when asked.

Able to perform independently:

Regularly incorporates patient preferences into plan of care using shared decision making, even across diverse populations/complex discussions. Collaborative with all team members in verbal, nonverbal, written communication. *Records complete but succinct,* effectively communicate clinical reasoning. Seeks opportunities to educate lower level learners, models teaching behavior.



INTERPERSONAL AND COMMUNICATION SKILLS

Please describe how this resident's communication strategies do or do not facilitate a therapeutic relationship with the patient. Does the resident consistently explain the plan of care, anticipate and respond to questions in a culturally competent manner, avoiding medical jargon?

Comment

Remaining Characters: 5,000

PROFESSIONALISM

Unable to perform unsupervised:

Lacks empathy, disrespectful in interactions, sacrifices patient needs in favor of own self-interest. Unreliable in completing patient care responsibilities or assigned tasks, including administrative requirements, being on time, attending conferences, rounds, checkout. Dishonest or unethical, not accountable for actions, disregards policies (PROF 1/2/4)

Requires indirect supervision:

Consistently respectful with patients and team members, even in challenging situations. Emphasizes patient privacy and autonomy. *Completes assigned patient care and administrative tasks on time and without the need for reminders.* Honest, accountable, ethical in patient care and scholarly activities, follows policies.

Able to perform independently:

Empathic and respectful in all situations, advocates for patients, *responsiveness to patients supersedes self-interests*, acknowledges input of team members. Prioritizes competing demands to complete responsibilities in a timely manner, always assumes professional responsibility. Actively manages challenging ethical dilemmas and potential conflicts, identifies and responds appropriately to professionalism lapses among peers.



PROFESSIONALISM

Please describe this resident's general outlook on his/her professional responsibilities to the patient and team. *Is he/she on time?* Does he/she remain in the workplace until all duties are completed (*including supervision of lower level learners*)? Does he/she readily contribute without complaining if others are ill or unavailable because of competing demands?

Comment

Remaining Characters: 5,000

SYSTEMS BASED PRACTICE

Unable to perform unsupervised:

Ignores risk for error in the healthcare system, will not change behavior to reduce error risk. Ignores cost issues. Makes no effort to effectively communicate during transitions of care. (SBP 2/3/4)

Requires indirect supervision:

Recognizes potential for error and identifies obvious sources, notifies appropriate supervisors. Accepts feedback regarding decisions that may lead to error. Recognizes cost as a barrier to care, minimizes unnecessary testing. Communicates across transitions but may lack some pertinent information

Able to perform independently:

Identifies systemic causes of error, navigates them effectively, advocates for patient safety, learns from own critical incidents. Works to reduce cost related barriers to care, incorporates cost awareness into decision making, including screening tests. Appropriately utilizes system resources to coordinate care across transitions, proactively communicates with other care providers.



SYSTEMS BASED PRACTICE

Please describe how this resident provides for smooth transitions of care. *Are discharge summaries completed in a timely fashion?* Do they contain the information necessary for the outpatient physician to assume all aspects of care?

Comment

Remaining Characters: 5,000

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