Pediatric Pulmonology Outpatient Clinic Fellow Eval

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

Evaluator

[Evaluator Name]
[Evaluator Status]
[Evaluator Program]

Patient Care - 1

1) PC-1. Provide Transfer of care (handoff) that ensures seamless transitions.This refers to presentations of patients to precepting attending.

Level 1		Level 2		Level 3		Level 4		Level 5		
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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Patient Care - 3

2) 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.	N/A
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Comments

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Systems-Based Practice - 1

3) SBP-1. Work effectively in various health care deliver settings and systems relevant to specialty.

Level 1	Level 2	Level 3	Level 4	Level 5	
Focuses on the pieces of a process that affect his/her work. Has limited understanding of the system in which he/she works.	Has sufficient knowledge of systems in which he/she works to develop work-arounds when faced with sub-optimal processes; not yet able to identify root cause or initiate process improvement.	Competent in various systems and settings; recognizes the need to improve systems rather than develop work-arounds; can initiate process improvement in a familiar system or setting.	Adapts learning from one system or setting to another; stimulates system-wide improvement when the need arises.	Views improving systems of care as an integral component of professional identity; leads systems changes as part of the routine care delivery process.	N/A
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Systems-Based Practice - 2

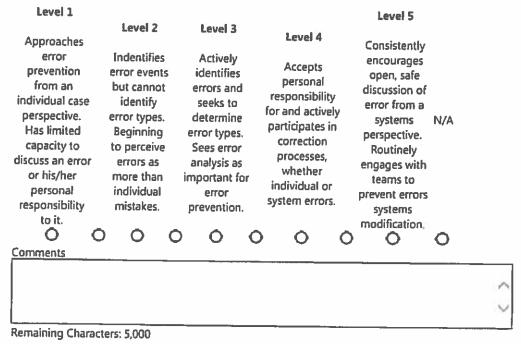4) SBP-2. Coordinate patient care within the health care sytem relevant to specialty.

Level 1

Develops care plans with little involvement of, or communication with, patients/families or team members and little attention to social cultural issues.

Level 2

Is beginning to involve patients/families and team members in the development of care plans. may assess social/cultural issues.

Level 3

Usually involves patients/families in decisions and care plans. Communicates plan to patients/families and team members. usually considers social/cultural issues.

Level 4

Routinely involves patients/families in decisions and care plans. Encourages use of open communication and routinely attends to social/cultural issues.

Level 5

Actively engages patients/families in decisions and care plans. Routinely helps navigate complex systems and coordinates transitions. Always attends to social/cultural issues.

N/A

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Systems-Based Practice - 4

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

Level 1

Dismissive of input from those outside his/her profession.

Level 2

Open to input from those outside his/her profession but unlikely to seek it.

Level 3

Aware that those outside his/her profession bring unique skills to patient care; seeks their input intermittently.

Level 4

Values the perspectives of those outside his/her profession; excellent team player who routinely seeks balanced input from others.

Level 5

Embraces collaboration across professions as essential for quality care; understands skills and values of other professions; team role model and leader.

N/A

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Systems-Based Practice - 5

6) 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.	Indentifies 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.	N/A

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Practice-Based Learning and Improvement - 2

7) PBLI-2. Systematically analyze practice using QI and implement changes for practice improvement.

Level 1	Level 2	Level 3	Level 4	Level 5	
Demonstrates inexperience with quality improvement methods; is defensive about data indicating opportunity for improvement in his/her practice.	Gains insight from individual patient encounters; improvements are limited by inexperience; needs prompts to identify population-level improvement opportunities.	Reflects on experiences at both the patient an population levels to identify improvement opportunities; can apply improvement methods; relies on prompts to prioritize population-level improvements.	Uses patient encounters and population data to drive improvement; continuously analyzes own practice data to prioritize efforts; is able to lead a team in improvement.	Uses his/her own successes with practice improvement at the patient and population levels to benefit other practice, systems, or populations.	N/A

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Practice-Based Learning and Improvement - 3

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

Level 1

Uses IT when mandated or assigned. Often requires assistance in obtaining, filtering and prioritizing information.

Level 2

Can use databases and tools to retrieve a manageable volume of mostly pertinent information. Uses EHR with some efficiency and reliability.

Level 3

Can efficiently retrieve and use data from EHR and other IT resources for patient care and learning.

Level 4

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.

Level 5

Contributes to the further development and implementation of IT for patient care and professional learning.

N/A

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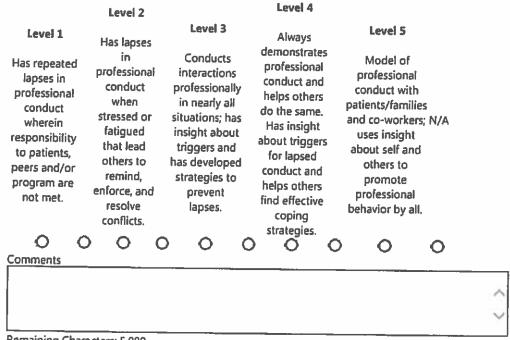
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Practice-Based Learning and Improvement - 4

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

Level 1

Adheres to a standard, scripted, doctor-centered or teacher centered approach to education and counseling.

Level 2

Improved knowledge results in more flexible education and counseling with more awareness of patient/family needs or learner needs.

Level 3

Solid knowledge and experience result in education and counseling that can be modified to meet patient/family or learner needs.

Level 4

Broad knowledge and experience result in education and counseling that are patient/family-centered or learner-centered and may empower or motivate.

Level 5

Experienced expert who consistently provides education and counseling that empower and motivate patients/families and learners.

N/A

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Professionalism - 1

10) PROF-1. High standard of ethical behavior which includes appropriate professional boundaries.

	Level 2		Level 4	
Level 1	Has lapses in professional conduct when stressed or fatigued that lead others to remind, enforce, and resolve conflicts.	Level 3	Always demonstrates professional conduct and helps others do the same. Has insight about triggers for lapsed conduct and helps others find effective coping strategies.	Level 5
Has repeated lapses in professional conduct wherein responsibility to patients, peers and/or program are not met.		Conducts interactions professionally in nearly all situations; has insight about triggers and has developed strategies to prevent lapses.		Model of professional conduct with patients/families and co-workers; uses insight about self and others to promote professional behavior by all. N/A
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Professionalism - 4

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

	Level 2			
Level 1	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.	Level 3	Level 4	Level 5
Uncertainty interferes with ability to provide effective care; may deal with ambiguity in a rigid or authoritarian manner or with avoidance.		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.	Anticipates the impact of ambiguity and uses it as an opportunity to explore patient/family understanding and goals of care.	At times of uncertainty, focuses on patient/family to guide communication and decision- making; remains supportive, flexible, respectful, and engaged throughout the process. N/A
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Interpersonal and Communication Skills - 1

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

Level 1

Communicates via rules-based recitation of facts; often relies on templates or prompts; communication does not change with context, audience or situation.

Level 2

Attempts to adjust length and detail of communication to context; often too long and too detailed.

Level 3

Successfully tailors communication to familiar contexts; can efficiently tell a story and make an argument; beginning to improvise in unfamiliar contexts.

Level 4

Successfully tailors communication in familiar and unfamiliar contexts; has developed strategies for managing stressful scenarios (e.g., inter-professional conflict)

Level 5

Intuitively and successfully tailors communication in all situations; highly-effective public speaker; role model for difficult conversations and skilled mediator of disagreement.

N/A

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Interpersonal and Communication Skills - 2

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

Level 1

Self-centered approach with focus on personal rather than team performance; limited interaction with others or acknowledgement of their contributions; passively follows.

Level 2

Interacts with team members on assigned tasks and recognizes their contributions; may place personal recognition above team performance.

Level 3

Integral team member who explores individual capabilities, offers coaching, and adapts to team needs; uses two-way communication to verify understanding.

Level 4

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.

Level 5

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

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Interpersonal and Communication Skills - 3

14) ICS-3. Act in a consultative role to other physicians and health professionals.

Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Actively participates as a member of the consult team; field-specific knowledge limits ability to focus data gathering and presentations to those details pertinent to the questions asked.	Is able to focus data gathering and presentations to those details pertinent to the questions asked; is able to generate more focused differential diagnoses and recommendations.	Self-identifies as an integral member of the consult team based on advanced knowledge; strives to provide best-practice recommendations using literature to supplement knowledge; communication is mostly to referring providers rather than bidirectional.	Self-identifies as an expert in the field based on advanced knowledge and experience; uses sound clinical reasoning to provide succinct answers to the questions asked; explains evidence for recommendations; encourages bidirectional communication with referring providers.	Identified by self and others as a master clinician who effectively and efficiently brings practical wisdom to consultation; answers to all but the most difficult questions are intuitive; ensures bidirectional communication and collaborative care with referring providers.	

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