

PEDIATRIC RESIDENT (PGY1-4) ON CALL ASSESSMENT

Resident: _____ Date: dd/mm/yyyy Assessor (Faculty/Buddy): _____ Location: _____

Please rate on the scale of 1-10 (1=Worst, 10=Best); select N/A for items that describe behaviours you did not experience with this resident.

	Opportunities for Growth: Close Supervision	<i>Rate 1-3</i>	Developing: Supervision on Demand	<i>Rate 4-7</i>	Achieving: Supervision for Refinement	<i>Rate 8-10</i>
ME: Triage N/A__	Triaged patients inappropriately	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Triaged patients appropriately	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Triaged patients appropriately and very efficiently	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
ME: History N/A__	Missed basic relevant info OR Overly detailed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Focused and concise	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Identified pertinent risk factors and acquired details pertinent to the presenting complaint	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
ME: Physical N/A__	Omitted basic Px maneuvers.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Performed basic Px maneuvers	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Performed complete relevant Px	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
ME: Investigations N/A__	Did not order investigations	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Ordered basic investigations	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Identified and ordered all required investigations	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
ME: Problem formulation N/A__	Limited Dx without prioritizing	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Generated reasonable DDX for simple or frequently encountered conditions	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Generated DDX for complex conditions	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
ME: Management N/A__	Proposed incorrect treatment or inadequate management plan	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Demonstrated ability to manage simple/complex but frequently encountered diagnoses	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Demonstrated ability to identify & manage treatment for complex & infrequently encountered Dx (to including prioritizing investigations etc.)	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
CM: Case reporting N/A__	Omitted pertinent information.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Presented all pertinent information (history, physical examination, management plan),	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Demonstrates knowledge of the condition and presents case and management plan in a succinct and thorough manner	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
CL: Respectful N/A__	Could improve communication with team members	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Treated team members with respect and communicated well	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Fostered a positive working environment, encouraging mutual respect among team	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
MG: Time N/A__	Appeared overwhelmed by workload	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Rarely overwhelmed by workload	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Managed workload effectively	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
SC: Limitations N/A__	Did not seek help when required	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Aware of personal limitations	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Sought help/consultation when required	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
PR: Coping N/A__	Does not remain professional in stressful situations	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Remained professional in stressful situations	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Is professional in stressful situations and helped others cope	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10

Additional Comments:

Supervisor's initial: _____ Date completed: _____

**** Requirement: X per Month**