PAEDIARIC RESIDENT– INPATIENT WEEKLY ASSESSMENT CARD

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.

Resident: _____ Block: ___ Supervisor: _____ Location: ☐ NICU ☐ Ward ☐ PCCU

	Opportunities for Growth: **Close Supervision**	*Rate 1-3*	**Developing:** **Supervision on Demand**	*Rate 4-7*	**Achieving:** **Supervision for Refinement**	*Rate 8-10*
Management N/A__	▪ Does not monitor response to treatment	☐ **1** ☐ **2** ☐ **3**	▪ Monitored response to treatment but unsure how to adjust.	☐ **4** ☐ **5** ☐ **6** ☐ **7**	▪ Integrated results of follow-up investigations/ adjusted treatment as required	☐ **8** ☐ **9** ☐ **10**
Case report N/A__	▪ Omitted pertinent information when presenting new case	☐ **1** ☐ **2** ☐ **3**	▪ Presented all pertinent information for new consults.	☐ **4** ☐ **5** ☐ **6** ☐ **7**	▪ Presentation of consult/admission prioritized and succinct but thorough including DDx and management plan	☐ **8** ☐ **9** ☐ **10**
Communicator N/A __	▪ Did not demonstrate solid communication with patients and families in family-centered care model	☐ **1** ☐ **2** ☐ **3**	▪ Discussed care plan with patient and family appropriately	☐ **4** ☐ **5** ☐ **6** ☐ **7**	▪ Included the patient and the family in communication of care plan and good role model for family-centered care	☐ **8** ☐ **9** ☐ **10**
Leadership N/A__	▪ Did not assign responsibility for patients strategically ▪ Overwhelmed OR underutilized team members	☐ **1** ☐ **2** ☐ **3**	▪ Delegated responsibility for patients ▪ Allocated workload strategically	☐ **4** ☐ **5** ☐ **6** ☐ **7**	▪ Ensured team members' understood responsibilities ▪ Monitored team performance, providing support as required	☐ **8** ☐ **9** ☐ **10**
Time Management N/A__	▪ Appeared overwhelmed by workload	☐ **1** ☐ **2** ☐ **3**	▪ Rarely overwhelmed by workload	☐ **4** ☐ **5** ☐ **6** ☐ **7**	▪ Managed workload effectively	☐ **8** ☐ **9** ☐ **10**
Handover N/A__	▪ The team was often not ready for handover	☐ **1** ☐ **2** ☐ **3**	▪ Team usually well prepared for handover	☐ **4** ☐ **5** ☐ **6** ☐ **7**	▪ Supported juniors /medical students during handover	☐ **8** ☐ **9** ☐ **10**
New learning N/A__	▪ Did not research current trends in evidence-based practices	☐ **1** ☐ **2** ☐ **3**	▪ Accessed evidence-based material and incorporated	☐ **4** ☐ **5** ☐ **6** ☐ **7**	▪ Questioned routine practices when in conflict with current evidence, or used evidence based	☐ **8** ☐ **9** ☐ **10**
Awareness of Limitations N/A__	▪ Did not seek help when required OR unaware of knowledge gaps	☐ **1** ☐ **2** ☐ **3**	▪ Aware of personal limitations OR knowledge gaps	☐ **4** ☐ **5** ☐ **6** ☐ **7**	▪ Sought help/consultation when required, actively trying to fill knowledge gaps.	☐ **8** ☐ **9** ☐ **10**

Additional comments:_____

_____

***Requirement: 1 per week** Supervisor's initial: _____ Date completed: _____

WEEKLY CASE LOG

Date	Age	Presentation/Diagnosis