



DEPARTMENT OF PAEDIATRICS – POSTGRADUATE EDUCATION ACUTE CARE – PGY4 IN-TRAINING EVALUATION FORM

RESIDENT: ROTAT	ION & SITE:	-		
OTATION BLOCK/DATES:	ACAD	D.YR:		
NTRODUCTION				
lumber of clinical days for this rotation (19 or 20)				
Jumber of days resident was absent for ANY reason (excluding post-call d	lavs)			
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NOTE: Residents who complete less than 75% of the rotation may be at	risk of being	g assessed as	incomplete	٤.
MEDICAL EXPERT	1	1	2	3
	Not Applicable	Does Not Meet	Borderline	Meets
	Applicable	Expectations	-	Expectations
a. Background physiology/medical knowledge				
Demonstrates an understanding of the physiology of acutely ill children.		1		
Sophisticated understanding of the indications for mechanical ventilation, risks of		1		
intubation, and indications for conventional verses non-conventional ventilation for the relevant patient population.		1		
the relevant patient population.				
b. Paediatric Critical Care knowledge		†		†
Understands pharmacotherapy, pharmacokinetics and drug interactions in critically		1		
ill neonates and children.		1		
Able to manage complex patients at the level of a consulting paediatrician with the		1		
support of consultant for specific acute care knowledge and skills.				
c. History and Physical Examination Skills				+
Takes a history and performs a physical exam with the appropriate level of		1		
detail for the situation.			· <u>—</u> ——	
Demonstrates developmentally appropriate history and physical				
examination skills for adolescents.				
 d. Clinical Judgment and critical thinking Recognize early signs of critical illness in neonates, children and youth and the 		1		
appropriate timing and measures for early intervention.		1		
Recognizes and prioritizes management of airway, breathing, and circulation.				
Considers broad differential diagnoses and systematically rules likely issues in or out.		1		
Is able to problem-solve independently, while recognizing personal limitations and				
calling for help appropriately.				
e. Performance in Emergencies		1		†
Recognizes acutely ill patients and institutes emergency management appropriately.		1		
Recognition of the A,B,C's of critically ill neonates and children, with the appropriate				
application of NRP or PALS (where relevant). Perform endotracheal intubation, with recognition of natients with a difficult airway.				
Perform endotracheal intubation, with recognition of patients with a difficult airway and thus notifying appropriate back-up or referral.				
Communicates effectively and remains calm.				
*Overall Competence:		+		+
Overan competence.	<u> </u>	<u> </u>		1
Medical Expert: Please comment on Resident's STRENGTHS:				
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Medical Expert: Suggestions for IMPROVEMENT:				
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a. Implementation of Patient Centered Approach Respects differences in patient Gypear's beliefs, concerns, especiations, cultural context, gender and value systems and takes this information into consideration when developing therapeutic plans. Provides feedback to more junior trainees. Demonstrates ability to deliver complex information to colleagues and other health care professionable in a succinct, efficient manner, while including all pertinent information using the SBAR communication tool. C. Effectives of Writter Communication Abilitations clear, accurate, and appropriate written or electronic records of patient encommers and procedures. d. Effective Communication families. Be able to communicate bad news to families effectively. Demonstrates ability to support patients and families with a difficult diagnosis or a chronic or catastrophic illness. *Overall Competence: Communicator: Please comment on Resident's STRENGTHS: Communicator: Suggestions for IMPROVEMENT: Communicator: Suggestions for improvement on Resident's STRENGTHS: Collaborator: Please comment on Resident's STRENGTHS: Collaborator: Suggestions for improvement on the inter- professional health care care. Works collaboratively to address misunderstandings and regoritate shared solutions to difficult or challenging problems. *Overall Competence: Collaborator: Please comment on Resident's STRENGTHS: Collaborator: Please comment on Resident's STRENGTHS: Collaborator: Suggestions for IMPROVEMENT:	COMM	1UNICATOR	Not Applicable	1 Does Not Meet Expectations	2 Borderline	3 Meets Expectations
Demonstrates ability to deliver complex information to colleagues and other health care professionals in a succinct, efficient manner, while including all pertinent information using the SBAR communication tool. C. Effectiveness of Written Communication Maintains clear, accurate, and appropriate written or electronic records of patient encounters and procedures. d. Effective Counseling Be able to communicate paid news to families effectively, Demonstrates ability to support patients and families with a difficult diagnosis or a chronic or catastrophic iliness. *Overall Competence: Communicator: Please comment on Resident's STRENGTHS: Communicator: Suggestions for IMPROVEMENT: COLLABORATOR Not Applicable COLLABORATOR Not Applicable Domonstrates a District and Collaboration Be able to develop and communicate educated questions for consultrants when requesting their expertise on a case. Communicate care plans clearly and precisely to the members of the alide health care team. b. Effectiveness of Working Relationships Demonstrates a respectful attitude to colleagues and members of the interprofessional health care team. *Overall Competence: Collaborator: Please comment on Resident's STRENGTHS: Collaborator: Please comment on Resident's STRENGTHS: Collaborator: Suggestions for IMPROVEMENT: Collaborator: Suggestions for IMPROVEMENT: Collaborator: Suggestions for IMPROVEMENT:	a.	Respects differences in patient's/parent's beliefs, concerns, expectations, cultural context, gender and value systems and takes this information into consideration when developing therapeutic plans. Provides feedback to more				
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a.	Individual Management Skills				
	Notifies transport team (and TTL), PCCU attending, PCCOT RN and MD, emergency				
	room RN of availability and intention to be included for all activations, CritiCall				
	(and ORNGE when applicable), transports, sedations, and IV starts.				
b.	Team management Demonstrates leadership within the health care team at a degree expected for the				
	level of training.				
	Regularly re-evaluates patients over the course of the day and formulates current				
	and detailed plans for the patients if patient has changing physiology.				
C.	Resource Allocation				
0.	Demonstrates ability to identify issues in balancing limited health care resources				
	and individual vs. societal needs. Participates in decisions regarding the cost-				
	effective use of resources within the critical care environment.				
	*Overall Competence:				
	Leader: Please comment on Resident's STRENGTHS:				
	Leader. Flease comment on resident \$ 51KLNG1113.				
	Leader: Suggestions for IMPROVEMENT:				
H	EALTH ADVOCATE	NI-4	1	2	3
		Not	Does Not Meet	Borderline	Meets
		Applicable	Expectations	20.00.11.0	Expectations
a.	Patient Advocate				
	Identifies needs of individual patients and identifies opportunities to advocate for				
	patients to whom care is being provided, particularly chronic patients in need of				
	non-intensive management and ongoing general paediatric care.				
	*Overall Competence:				
	Health Advocate: Please comment on Resident's STRENGTHS:				
	Treater Advocate: Trease comment on resident 3 STRENGTIS.				
	Health Advocate: Suggestions for IMPROVEMENT:				
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		Applicable	Expectations	Borderline	Expectations
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a.	Approach to Learning Resident should complete the Society of Critical Care Medicine teaching modules				
	on sedation and analgesia and paediatric airway management. Resident attends				
	PCCU teaching rounds, and other PCCU rounds (e.g. care review, ethics).				
h	Critical Appraisal				
5.	Applies the principles of critical appraisal to medical literature and attends PCCU				
	journal club.				
c.	Facilitation of Teaching and Learning				
	Resident will participate in PCCOT teaching by preparing a talk or poster-board				
	presentation to give to allied health on the floors about one element of patient				
	care. Resident will prepare and facilitate a mock code with the mock code committee.				

*Overall Competence:

Scholar: Please comment on Resident's STRENGTHS:

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	Scholar: Suggestions for IMPROVEMENT:				
RO	DFESSIONAL	Not Applicable	1 Does Not Meet Expectations	2 Borderline	3 Meets Expectation
	Professional Practice Exhibits professional behaviours including honesty, integrity, commitment, compassion, respect and altruism. Committed to delivering the highest quality health care and maintaining competence.				
	Ethical Practice Demonstrates knowledge of the principles of medical ethics including obtaining informed consent, confidentiality, conflicts of interest, and ethical decision-making and applies these to practice.				
	Reflective Practice Demonstrates ability to self-assess and reflect on professional performance. Accepts feedback and demonstrates willingness to change behaviour in response to feedback.				
	*Overall Competence:				
	Professional: Please comment on Resident's STRENGTHS: Professional: Suggestions for IMPROVEMENT:				
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N- Tropic Strain Control Contr	Professional: Suggestions for IMPROVEMENT: CALL PERFORMANCE vailability esident was available when paged and responded in a timely fashion to calls. eam Communication emonstrates effective communication with attending physicians and other colleagues. Gives accurate descriptions of patient problems by telephone. Provides support and teaching for junior trainees and acts as a back-up, but remains familiar with each patient to be able to hand over up to date information at any point in the		Does Not Meet	-	Meets
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	TECH	NICAL SKILLS	Not Applicable	1 Does Not Meet Expectations	2 Borderline	3 Meets Expectations
b. Bag-mask ventilation, intubation and extubation, with knowledge of procedures and indications. c. Insertion of NG / NP tube, bladder catheterization. d. Chest tube placement, thoracentesis. Troubleshoot blocked tube. e. Lumbar puncture. f. Troubleshoot raised intracranial pressure in child with ICP monitor and/or EVD. g. Understand ventilator settings. Verbalize ventilator escalation/weaning plans. h. Demonstrate high quality CPR (patient or simulation). i. Leads emergency / code (mock or real). j. ABP, CVP, and ICP tracings. *Overall Competence: Technical Skills: Comments. Please list the skills for which the resident has handed in an evaluation, and comment on strengths/weaknesses: **WPORTANT EVALUATION GUIDELINES: • 2 or more CanMEDS roles with 'Does Not Meet' under the Overall Category = FAIL • 2 or more CanMEDS roles with 'Borderline' under the Overall Category = subject to review by Evaluation Committee even if the rotation supervisor decided on a 'Passed' rotation. The Evaluation Committee will review and determine whether the resident needs help with any of the CanMEDS roles. **CONCLUSION (please put an 'X' in front of your choice): • Passed • Incomplete • Failed • Requires review by Evaluation Committee	a.	arterial line placement, arterial blood gas. IO insertion. Demonstrates skill on				
d. Chest tube placement, thoracentesis. Troubleshoot blocked tube. e. Lumbar puncture. f. Troubleshoot raised intracranial pressure in child with ICP monitor and/or EVD. g. Understand ventilator settings. Verbalize ventilator escalation/weaning plans. h. Demonstrate high quality CPR (patient or simulation). i. Leads emergency / code (mock or real). j. ABP, CVP, and ICP tracings. *Overall Competence: Technical Skills: Comments. Please list the skills for which the resident has handed in an evaluation, and comment on strengths/weaknesses: IMPORTANT EVALUATION GUIDELINES: e. 2 or more CanMEDS roles with 'Does Not Meet' under the Overall Category = FAIL e. 2 or more CanMEDS roles with 'Borderline' under the Overall Category = subject to review by Evaluation Committee even if the rotation supervisor decided on a 'Passed' rotation. The Evaluation Committee will review and determine whether the resident needs help with any of the CanMEDS roles. *CONCLUSION (please put an 'X' in front of your choice): O Passed O Incomplete O Requires review by Evaluation Committee	b.	Bag-mask ventilation, intubation and extubation, with knowledge of procedures				
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O Failed O Requires review by Evaluation Committee						
OVERALL COMMENTS:	O F	Requires review by Evaluation Committee				
	OVER	ALL COMMENTS:				

*For the Evaluator to answer:

Did you have an opportunity to meet with this trainee to discuss their performance?

O Ye

O No			
If "NO" please comment:			
*For the Evaluatee to answer:			
Did you have an enportunity to dis	cuss your performance with your precep	ator/suponisor?	
• Yes	cuss your performance with your precep	noi/supervisor:	
O No			
3 110			
Are you in agreement with this ass	essment?		
O Yes			
O No			
Please enter any comments you have (f any) on this evaluation.		
Completed by:			
Name of Evaluator	Signature	Date	
Read/reviewed by:			
Name of Resident/trainee	Signature	Date	