

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

RESIDENT: \_\_\_\_\_

ROTATION & SITE: \_\_\_\_\_

ROTATION BLOCK/DATES: \_\_\_\_\_

ACAD.YR: \_\_\_\_\_

**INTRODUCTION**

Number of clinical days for this rotation (19 or 20) \_\_\_\_\_

Number of days resident was absent for ANY reason (excluding post-call days) \_\_\_\_\_

**NOTE: Residents who complete less than 75% of the rotation may be at risk of being assessed as incomplete.**

<b>MEDICAL EXPERT</b>	<b>Not Applicable</b>	<b>1 Does Not Meet Expectations</b>	<b>2 Borderline</b>	<b>3 Meets Expectations</b>
<b>a. Background physiology/medical knowledge</b> Demonstrates an understanding of the physiology of acutely ill children. Sophisticated understanding of the indications for mechanical ventilation, risks of intubation, and indications for conventional versus non-conventional ventilation for the relevant patient population.				
<b>b. Paediatric Critical Care knowledge</b> Understands pharmacotherapy, pharmacokinetics and drug interactions in critically ill neonates and children. Able to manage complex patients at the level of a consulting paediatrician with the support of consultant for specific acute care knowledge and skills.				
<b>c. History and Physical Examination Skills</b> <ul style="list-style-type: none"> <li>Takes a history and performs a physical exam with the appropriate level of detail for the situation.</li> <li>Demonstrates developmentally appropriate history and physical examination skills for adolescents.</li> </ul>				
<b>d. Clinical Judgment and critical thinking</b> Recognize early signs of critical illness in neonates, children and youth and the appropriate timing and measures for early intervention. Recognizes and prioritizes management of airway, breathing, and circulation. Considers broad differential diagnoses and systematically rules likely issues in or out. Is able to problem-solve independently, while recognizing personal limitations and calling for help appropriately.				
<b>e. Performance in Emergencies</b> Recognizes acutely ill patients and institutes emergency management appropriately. 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 patients with a difficult airway and thus notifying appropriate back-up or referral. Communicates effectively and remains calm.				
<b>*Overall Competence:</b>				

**Medical Expert: Please comment on Resident's STRENGTHS:**

**Medical Expert: Suggestions for IMPROVEMENT:**

<b>COMMUNICATOR</b>	<b>Not Applicable</b>	<b>1 Does Not Meet Expectations</b>	<b>2 Borderline</b>	<b>3 Meets Expectations</b>
<b>a. Implementation of Patient Centered Approach</b> 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 junior trainees.				
<b>b. Patient descriptions</b> 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.				
<b>c. Effectiveness of Written Communication</b> Maintains clear, accurate, and appropriate written or electronic records of patient encounters and procedures.				
<b>d. Effective Counseling</b> Be able to communicate/explain complicated medical issues in simple terms to 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.				
<b>*Overall Competence:</b>				

**Communicator: Please comment on Resident's STRENGTHS:**

**Communicator: Suggestions for IMPROVEMENT:**

<b>COLLABORATOR</b>	<b>Not Applicable</b>	<b>1 Does Not Meet Expectations</b>	<b>2 Borderline</b>	<b>3 Meets Expectations</b>
<b>a. Inter-professional Team Collaboration</b> Be able to develop and communicate educated questions for consultants when requesting their expertise on a case. Communicate care plans clearly and precisely to the members of the allied health care team.				
<b>b. Effectiveness of Working Relationships</b> Demonstrates a respectful attitude to colleagues and members of the inter-professional health care team. Works collaboratively to address misunderstandings and negotiate shared solutions to difficult or challenging problems.				
<b>*Overall Competence:</b>				

**Collaborator: Please comment on Resident's STRENGTHS:**

**Collaborator: Suggestions for IMPROVEMENT:**

<b>LEADER</b>	<b>Not Applicable</b>	<b>1 Does Not Meet Expectations</b>	<b>2 Borderline</b>	<b>3 Meets Expectations</b>

a. <b>Individual Management Skills</b> 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. <b>Team management</b> 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. <b>Resource Allocation</b> 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.				
<b>*Overall Competence:</b>				

**Leader: Please comment on Resident's STRENGTHS:**

**Leader: Suggestions for IMPROVEMENT:**

<b>HEALTH ADVOCATE</b>	Not Applicable	1 Does Not Meet Expectations	2 Borderline	3 Meets Expectations
a. <b>Patient Advocate</b> 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.				
<b>*Overall Competence:</b>				

**Health Advocate: Please comment on Resident's STRENGTHS:**

**Health Advocate: Suggestions for IMPROVEMENT:**

<b>SCHOLAR</b>	Not Applicable	1 Does Not Meet Expectations	2 Borderline	3 Meets Expectations
a. <b>Approach to Learning</b> 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).				
b. <b>Critical Appraisal</b> Applies the principles of critical appraisal to medical literature and attends PCCU journal club.				
c. <b>Facilitation of Teaching and Learning</b> 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.				
<b>*Overall Competence:</b>				

**Scholar: Please comment on Resident's STRENGTHS:**

**Scholar: Suggestions for IMPROVEMENT:**

<b>PROFESSIONAL</b>	<b>Not Applicable</b>	<b>1 Does Not Meet Expectations</b>	<b>2 Borderline</b>	<b>3 Meets Expectations</b>
a. <b>Professional Practice</b> Exhibits professional behaviours including honesty, integrity, commitment, compassion, respect and altruism. Committed to delivering the highest quality health care and maintaining competence.				
b. <b>Ethical Practice</b> 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.				
c. <b>Reflective Practice</b> Demonstrates ability to self-assess and reflect on professional performance. Accepts feedback and demonstrates willingness to change behaviour in response to feedback.				
<b>*Overall Competence:</b>				

**Professional: Please comment on Resident's STRENGTHS:**

**Professional: Suggestions for IMPROVEMENT:**

<b>ON-CALL PERFORMANCE</b>	<b>Not Applicable</b>	<b>1 Does Not Meet Expectations</b>	<b>2 Borderline</b>	<b>3 Meets Expectations</b>
a. <b>Availability</b> Resident was available when paged and responded in a timely fashion to calls.				
b. <b>Team Communication</b> Demonstrates 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 call.				
c. <b>Clinical Judgement</b> Recognizes rapidly deteriorating patient and notifies attending physician early.				
d. <b>Reflective Practice</b> Self-assesses clinical judgment on call and accepts feedback regarding performance.				
<b>*Overall Competence:</b>				

**On-call Performance: Please comment on Resident's STRENGTHS:**

**On-call Performance: Suggestions for IMPROVEMENT:**

<b>TECHNICAL SKILLS</b>	<b>Not Applicable</b>	<b>1 Does Not Meet Expectations</b>	<b>2 Borderline</b>	<b>3 Meets Expectations</b>
a. Inserts peripheral IVs into neonates/ children of all sizes, umbilical venous and arterial line placement, arterial blood gas. IO insertion. Demonstrates skill on patient or simulation.				
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.				
<b>*Overall Competence:</b>				

**Technical Skills: Comments.** Please list the skills for which the resident has handed in an evaluation, and comment on strengths/weaknesses:

**IMPORTANT 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**

**OVERALL COMMENTS:**

**\*For the Evaluator to answer:**

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

- Yes

No

If "NO" please comment:

**\*For the Evaluatee to answer:**

Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

Are you in agreement with this assessment?

Yes

No

Please enter any comments you have (if any) on this evaluation.

**Completed by:**

\_\_\_\_\_  
Name of Evaluator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Read/reviewed by:**

\_\_\_\_\_  
Name of Resident/trainee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date