



DEPARTMENT OF PAEDIATRICS – POSTGRADUATE EDUCATION PCCU EXTRAMURAL IN-TRAINING EVALUATION FORM

RES	SIDENT:	PGY Level: RC	S NOITATION	SITE:		=
ROTATION BLOCK/DATES: ACAD.YR:						
NT	RODUCTION					
	mber of clinical days for this rotation (19 or 20 mber of days resident was absent for ANY reas		ys)	_		
NO	TE: Residents who complete less than 75% o	f the rotation may be at r	isk of being	assessed as ir	complete.	
N	IEDICAL EXPERT		Not Applicable	1 Does Not Meet Expectations	2 Borderline	3 Meets Expectations
a.	Background physiology/medical knowledge Demonstrates an understanding of the physiology of all alterations which may occur during a transport.	n acutely ill children and the				
b.	Pediatric Critical Care knowledge Demonstrates a knowledge and understanding of phar pharmacodynamics, including indications and side effe sedative and analgesic agents.					
c.	 History and Physical Examination Skills Takes a history and performs a physical exam of detail for the situation: for transports (intraction PCCOT activations, and procedural sedations) 	amural and extramural),				
	 Demonstrates developmentally appropriate le examination skills for adolescents. 	nistory and physical				
d.	Clinical Judgment and critical thinking Recognizes and prioritizes management of airway, breach Considers broad differential diagnoses and systematical is able to problem-solve independently, while recognize calling for help appropriately.	ally rules likely issues in or out.				
e.	Performance in Emergencies Participates in trauma and PCCOT activations. Quickly a emergent intervention in the acute care setting. Recog institutes emergency management appropriately for the	nizes acutely ill patients and				
		Overall Competence:				
	Medical Expert: Please comment on Resident	s STRENGTHS:				
	Medical Expert: Suggestions for IMPROVEMEN	NT:				
C	OMMUNICATOR		Not Applicable	Does Not Meet Expectations	2 Borderline	3 Meets Expectations

á	a. Implementation of Patient Centered Approach				
[Respects differences in patient's/parent's beliefs, concerns, expectations,		1		
	cultural context, gender and value systems and takes this information into		1		
	consideration when developing therapeutic plans.				
ı	b. Patient descriptions				
	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				
	Demonstrates ability to support patients and families with a difficult diagnosis				
	or a chronic or catastrophic illness.				
	Overall Competence				
	Overall competence	1			
	Communicator: Please comment on Resident's STRENGTHS:				
L					
(Communicator: Suggestions for IMPROVEMENT:				
CO	OLLABORATOR		1	2	3
	, 	Not	Does Not Meet	Borderline	Meets
		Applicable	Expectations	borderiine	Expectations
			-		
	nter-professional Team Collaboration				
	ecognizes and respects the roles of other health care professionals. Works with				
P	CCOT RN and RT daily to round on PCCOT patients and to understand the role of				
ea	ach of the team members on activations				
b. Ef	ffectiveness of Working Relationships				
	Demonstrates a respectful attitude to colleagues and members of the inter-				
	rofessional health care team. Works collaboratively to address misunderstandings				
a	nd negotiate shared solutions to difficult or challenging problems.				
	Overall Competence:				
	Collaborator: Please comment on Resident's STRENGTHS:				
L					
	Collaborator: Suggestions for IMPROVEMENT:				
MAN	NAGER	Not	1	2	3
		Not	Does Not Meet	Borderline	Meets
		Applicable	Expectations	Dorderine	Expectations
	Lade data al Mara a conserva Civilla				
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				
<u> </u>					
c.	Resource Allocation				
l	Demonstrates ability to identify issues in balancing limited health care resources	1	1	1	İ

Overall Competence:

and individual vs. societal needs. Participates in decisions regarding the cost-

effective use of resources within the critical care environment.

	Manager: Please comment on Resident's STRENGTHS:				
Manager: Suggestions for IMPROVEMENT:					
н	EALTH ADVOCATE		1		3
		Not Applicable	Does Not Meet Expectations	2 Borderline	Meets 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 pediatric care				
	Overall Competence:				
	Health Advocate: Please comment on Resident's STRENGTHS:				
	Health Advocate: Suggestions for IMPROVEMENT:				
S	CHOLAR	Not Applicable	1 Does Not Meet Expectations	2 Borderline	3 Meets Expectations
a.	Approach to Learning Resident should complete the Society of Critical Care Medicine teaching modules on sedation and analgesia and pediatric airway management. Resident attends PCCU teaching rounds, and other PCCU rounds (e.g. care review, ethics)				
b.	Critical Appraisal Applies the principles of critical appraisal to medical literature and attends PCCU journal club.				
c.	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:				
	Scholar. Trease comment on resident 3 5 NEW TITLE.				
	Scholar: Suggestions for IMPROVEMENT:				
PRO	OFESSIONAL	Not Applicable	1 Does Not Meet Expectations	2 Borderline	3 Meets Expectations
<u>а</u> .	Professional Practice Exhibits professional behaviours including honesty, integrity, commitment, compassion, respect and altruism. Committed to delivering the highest quality health care and maintaining competence.				

b.	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.				
C.	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:				
ON	-CALL PERFORMANCE	Not Applicable	1 Does Not Meet Expectations	2 Borderline	3 Meets Expectations
	Availability Resident was available when paged and responded in a timely fashion to calls. Clearly communicated after-hours availability to on-call PCCU attending.				
	Team Communication Demonstrates effective communication with attending physicians and other colleagues. Gives accurate descriptions of patient problems by telephone.				
	Overall Competence:				
	On-call Performance: Please comment on Resident's STRENGTHS:				
	On-call Performance: Suggestions for IMPROVEMENT:				
TE	CHNICAL SKILLS	Not Applicable	1 Does Not Meet Expectations	2 Borderline	3 Meets Expectations
	a. The resident demonstrates an appreciation for the role of procedures within the complete care of the critically ill patient.				
	Overall Competence:				
	Technical Skills: Comments. Please list the skills for which the resident has hastrengths/weaknesses:	anded in an e	valuation, and	d comment o	n
	MPORTANT EVALUATION CHIDELINES				

- 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):

O Passed			
O Incomplete			
O Failed			
O Requires review by Evaluatio	n Committee		
OVERALL COMMENTS:			
*For the Evaluator to answer:			
Did you have an opportunity to m	eet with this trainee to discuss their performar	nce?	
O Yes			
O No			
If "NO" please comment:			
*For the Evaluatee to answer:			
Did you have an opportunity to di	scuss your performance with your preceptor/s	upervisor?	
O Yes	, , , , , , , , , , , , , , , , , , , ,	•	
O No			
Are you in agreement with this ass	sessment?		
O Yes	, cosmenc		
O No			
Please enter any comments you have	(if any) on this evaluation.		
	(, , , , , , , , , , , , , , , , ,		
Completed by			
Completed by:			
Name of Evaluator	Signature	Date	
Read/reviewed by:			
-			
N. CD 11 44	<u> </u>		
Name of Resident/trainee	Signature	Date	