

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

RESIDENT: \_\_\_\_\_ PGY Level: \_\_\_\_\_ 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) \_\_\_\_\_

**The resident must complete at least 15 days or 75% of the rotation or it will consider 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 an acutely ill children and the alterations which may occur during a transport.				
<b>b. Pediatric Critical Care knowledge</b> Demonstrates a knowledge and understanding of pharmacokinetics and pharmacodynamics, including indications and side effects of commonly used sedative and analgesic agents.				
<b>c. History and Physical Examination Skills</b> Takes a history and performs a physical exam with the appropriate level of detail for the situation: for transports (intramural and extramural), PCCOT activations, and procedural sedations				
<b>d. Clinical Judgment and critical thinking</b> 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> Participates in trauma and PCCOT activations. Quickly assesses the need for emergent intervention in the acute care setting. Recognizes acutely ill patients and institutes emergency management appropriately for the level of training and skill.				
<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.				

<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> 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>	Not Applicable	1 Does Not Meet Expectations	2 Borderline	3 Meets Expectations
<b>a. Inter-professional Team Collaboration</b> Recognizes and respects the roles of other health care professionals. Works with PCCOT RN and RT daily to round on PCCOT patients and to understand the role of each of the team members on activations				
<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>MANAGER</b>	Not Applicable	1 Does Not Meet Expectations	2 Borderline	3 Meets Expectations
<b>a. 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				
<b>c. 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>				

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

**Manager: Suggestions for IMPROVEMENT:**

<b>HEALTH ADVOCATE</b>	Not Applicable	1 Does Not Meet Expectations	2 Borderline	3 Meets Expectations
<b>a. 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 pediatric 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
<b>a. Approach to Learning</b> 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>b. Critical Appraisal</b> Applies the principles of critical appraisal to medical literature and attends PCCU journal club.				
<b>c. 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>	Not Applicable	1 Does Not Meet Expectations	2 Borderline	3 Meets Expectations
<b>a. 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.				

<b>c. 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>	Not Applicable	1 Does Not Meet Expectations	2 Borderline	3 Meets Expectations
<b>a. Availability</b> Resident was available when paged and responded in a timely fashion to calls. Clearly communicated after-hours availability to on-call PCCU attending.				
<b>b. Team Communication</b> Demonstrates effective communication with attending physicians and other colleagues. Gives accurate descriptions of patient problems by telephone.				
<b>Overall Competence:</b>				

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

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

<b>TECHNICAL SKILLS</b>	Not Applicable	1 Does Not Meet Expectations	2 Borderline	3 Meets Expectations
<b>a.</b> The resident demonstrates an appreciation for the role of procedures within the complete care of the critically ill patient.				
<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:

**CONCLUSION** (please put an 'X' in front of your choice):

- Passed**
- Incomplete**
- Failed**
- Requires review by Evaluation Committee**

**\*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