

**WESTERN UNIVERSITY
DEPARTMENT of PEDIATRICS**

MID ROTATION RESIDENT EVALUATION

Resident: _____

Clinical Rotation: _____

Rotation Dates: _____

Number of days absent (excluding post call days): _____

MEETING NOTES

MEDICAL EXPERT: Global level of functioning (check most applicable skill level resident has achieved)

Below PGY1 level	PGY1	PGY2	PGY3
<input type="checkbox"/>	<input type="checkbox"/> Acquires fundamental knowledge base with guidance	<input type="checkbox"/> Applies knowledge base to provide appropriate clinical care with minimal guidance	<input type="checkbox"/> Applies knowledge and uses self-reflection to modify clinical practice
<input type="checkbox"/>	<input type="checkbox"/> Acquires clinical examination and assessment skills.	<input type="checkbox"/> Interprets clinical findings to develop appropriate differential diagnosis and management plans.	<input type="checkbox"/> Interprets and synthesizes findings independently to refine and modify management plans.
Comments:			

COMMUNICATOR: Global level of functioning (check most applicable skill level resident has achieved)

Below PGY1 level	PGY1	PGY2	PGY3
<input type="checkbox"/>	<input type="checkbox"/> Delivers information to patients with some supervision	<input type="checkbox"/> Discusses information with families with minimal supervision	<input type="checkbox"/> Demonstrates skills in dealing with complex communication issues
Comments:			

COLLABORATOR: Global level of functioning (check most applicable skill level resident has achieved)

Below PGY1 level	PGY1	PGY2	PGY3
<input type="checkbox"/>	<input type="checkbox"/> Works well in interdisciplinary teams	<input type="checkbox"/> Leads an interdisciplinary team, with some guidance	<input type="checkbox"/> Leads an interdisciplinary team independently
Comments:			

LEADER: Global level of functioning (check most applicable skill level resident has achieved)

Below PGY1 level	PGY1	PGY2	PGY3
<input type="checkbox"/>	<input type="checkbox"/> Aware of management issues	<input type="checkbox"/> Develops management skills	<input type="checkbox"/> Evaluates and modifies management structures.
Comments:			

HEALTH ADVOCATE: Global level of functioning (check most applicable skill level resident has achieved)

Below PGY1 level	PGY1	PGY2	PGY3
<input type="checkbox"/>	<input type="checkbox"/> Identifies health advocate issues	<input type="checkbox"/> Integrates health advocate issues into management plan	<input type="checkbox"/> Independently designs and implements health advocate issues into management plan
Comments:			

SCHOLAR: Global level of functioning (check most applicable skill level resident has achieved)

Below PGY1 level	PGY1	PGY2	PGY3
<input type="checkbox"/>	<input type="checkbox"/> Understands the principles of critical appraisal and research methodology	<input type="checkbox"/> Able to appraise the literature critically and apply to clinical practice	<input type="checkbox"/> Able to evaluate critical appraisal performed by others. Able to lead research projects and support others in research.
Comments:			

PROFESSIONAL: Global level of functioning (check most applicable skill level resident has achieved)

Below PGY1 level	PGY1	PGY2	PGY3
<input type="checkbox"/>	<input type="checkbox"/> Displays professional behavior	<input type="checkbox"/> Role model for professional behavior	<input type="checkbox"/> Mentors others with regards to professional behavior and conflict resolution.
Comments:			

ON-CALL PERFORMANCE: Global level of functioning (check most applicable skill level resident has achieved)

Below PGY1 level	PGY1	PGY2	PGY3
<input type="checkbox"/>	<input type="checkbox"/> Able to assess patients and develop management plans with some supervision	<input type="checkbox"/> Able to assess patients and develop management plans with minimal supervision. Able to prioritize and triage level of urgency.	<input type="checkbox"/> Manages issues on call independently, while still recognizing when to seek input from seniors and other subspecialties
Comments:			

New objective/s for the remainder of the block:

Resident Signature: _____

Date: _____

Supervisor Name: _____ Supervisor Signature: _____

* Please complete and return to Belle Smail (fax:519-685-8156, belle.smail@lhsc.on.ca)