

PEDIATRIC AMBULATORY CLINIC CARD – RESIDENT ASSESSMENT

Instructions: Please consider one salient patient encounter when completing this form.

Case Difficulty:

- Simple
- Complex and frequently encountered
- Complex and infrequently encountered

Resident: _____ Date: _____ Supervisor: _____

	Opportunities for growth: Close supervision		Developing: Supervision on demand		Achieving: Supervision for refinement	N/A
History <i>(Medical Expert)</i>	<input type="checkbox"/> Misses basic, relevant information OR gathers irrelevant details	<input type="checkbox"/>	<input type="checkbox"/> Focused and concise	<input type="checkbox"/>	<input type="checkbox"/> Identifies pertinent risk factors and acquires details, seeking corroborative info as required	<input type="checkbox"/>
Physical Exam <i>(Medical Expert)</i>	<input type="checkbox"/> Omits basic Px maneuvers.	<input type="checkbox"/>	<input type="checkbox"/> Performs basic Px maneuvers	<input type="checkbox"/>	<input type="checkbox"/> Performs complete relevant Px	<input type="checkbox"/>
	<input type="checkbox"/> Misinterprets physical findings.	<input type="checkbox"/>	<input type="checkbox"/> Identifies findings relevant to problem formulation.	<input type="checkbox"/>	<input type="checkbox"/> Identifies signs and symptoms and integrates their relevance.	<input type="checkbox"/>
Problem formulation <i>(Medical Expert)</i>	<input type="checkbox"/> Limited differential	<input type="checkbox"/>	<input type="checkbox"/> Correct differential	<input type="checkbox"/>	<input type="checkbox"/> Correct differential including plausible rarer items	<input type="checkbox"/>
	<input type="checkbox"/> Doesn't prioritize	<input type="checkbox"/>	<input type="checkbox"/> Prioritized for simple case	<input type="checkbox"/>	<input type="checkbox"/> Prioritized for complex/rare case	<input type="checkbox"/>
Use/ Interpretation of tests <i>(Medical Expert)</i>	<input type="checkbox"/> Proposes irrelevant or incorrect investigations	<input type="checkbox"/>	<input type="checkbox"/> Identifies investigations, but use may be indiscriminant.	<input type="checkbox"/>	<input type="checkbox"/> Strategic use of investigations (e.g., justifiable cost/benefit)	<input type="checkbox"/>
	<input type="checkbox"/> Misinterprets results.	<input type="checkbox"/>	<input type="checkbox"/> Correctly interpret results	<input type="checkbox"/>	<input type="checkbox"/> Results of investigations inform management (e.g., brings it all together, makes sense of all info)	<input type="checkbox"/>
Management <i>(Medical Expert)</i>	<input type="checkbox"/> Proposes incorrect treatment or inadequate management plan.	<input type="checkbox"/>	<input type="checkbox"/> Manages uncomplicated/ commonly encountered diagnoses.	<input type="checkbox"/>	<input type="checkbox"/> Identifies & manages treatment for complicated/ less common diagnosis.	<input type="checkbox"/>
Case report <i>(Communicator)</i>	<input type="checkbox"/> Omits pertinent information.	<input type="checkbox"/>	<input type="checkbox"/> Presents all pertinent information.	<input type="checkbox"/>	<input type="checkbox"/> Prioritizes information, succinct but thorough	<input type="checkbox"/>

Global assessment: Would you trust this resident to perform this activity unsupervised next time? Not yet Yes

Additional comments:

*Requirement: 1 per clinic

Supervisor's initial: _____ V5

Pediatric Multisource Feedback

Resident: _____ Location: _____ Date completed: _____

Please select the best descriptor of your role: Nurse Other allied health professional : _____

Please estimate the number of encounters you have had with this Resident in the last month: Less than 5 5-9 10 or more

Your participation is completely voluntary. You are under no obligation to respond and may skip any item you are uncomfortable rating.

Confidentiality: Your feedback is anonymous and will be discussed by the Program Director with the Resident in a private meeting.

Instructions: Please consider your most recent encounters with the Resident. Review each item in the “Developing” column of the rubric and decide whether the resident’s performance was below (Needs Attention), at (Developing), above (Achieving) that level.

Please skip items that describe behaviours you did not experience with this resident.

		Needs Attention	Developing	Achieving
Communicator	Doctor/patient/families	<input type="checkbox"/> Does not respond to child’s needs for comfort and support <input type="checkbox"/> Does not respond to family’s need for information and/or support <input type="checkbox"/> Ignores rights and choices of family when planning care for child <input type="checkbox"/> Overwhelmed by demanding interpersonal situations	<input type="checkbox"/> Responds to child’s needs for comfort and support <input type="checkbox"/> Discusses initial plan of care with family <input type="checkbox"/> Rights and choices of family are usually accommodated when planning care <input type="checkbox"/> Handles demanding interpersonal situation	<input type="checkbox"/> Anticipates child’s needs and plans accordingly <input type="checkbox"/> Provides on-going information and support to family. <input type="checkbox"/> Rights and choices of family guide planning of care for child <input type="checkbox"/> Manages demanding interpersonal situations with compassion
	Inter-prof	<input type="checkbox"/> Abrupt, impatient and/or rude <input type="checkbox"/> Difficult to understand <input type="checkbox"/> Defensive about questions <input type="checkbox"/> Documentation is inaccurate/incomplete <input type="checkbox"/> Writing is illegible	<input type="checkbox"/> Usually polite <input type="checkbox"/> Expresses ideas clearly <input type="checkbox"/> Responds well to questions <input type="checkbox"/> Documentation may be unclear <input type="checkbox"/> Writing can be difficult to read	<input type="checkbox"/> Always polite and respectful <input type="checkbox"/> Adapts explanations with ease <input type="checkbox"/> Verifies understanding <input type="checkbox"/> Documentation is clear <input type="checkbox"/> Writing is legible
Collaborator		<input type="checkbox"/> Ignores suggestions from team. <input type="checkbox"/> Does not acknowledge others’ learning needs <input type="checkbox"/> Ignores interpersonal conflict	<input type="checkbox"/> Receptive to feedback from team. <input type="checkbox"/> Identifies others’ learning needs <input type="checkbox"/> Recognizes interpersonal conflict	<input type="checkbox"/> Actively seeks input from team. <input type="checkbox"/> Supports others’ learning <input type="checkbox"/> Manages interpersonal conflict
Manager		<input type="checkbox"/> Requires multiple pages/responds slowly <input type="checkbox"/> Ignores urgent requests <input type="checkbox"/> Appears overwhelmed in an emergency <input type="checkbox"/> Appears overwhelmed by workload <input type="checkbox"/> Uncertain/indecisive	<input type="checkbox"/> Responds to pager/limited delay <input type="checkbox"/> Usually prioritizes urgent requests <input type="checkbox"/> Responds effectively in an emergency <input type="checkbox"/> Rarely overwhelmed by workload <input type="checkbox"/> Solves problems/makes decisions with minimal delay	<input type="checkbox"/> Advises team in case of delays <input type="checkbox"/> Prioritizes urgent requests <input type="checkbox"/> Demonstrates leadership in an emergency <input type="checkbox"/> Manages workload effectively <input type="checkbox"/> Solves problems/makes decisions as they arise
Professional		<input type="checkbox"/> Does not seek assistance when required <input type="checkbox"/> Avoids responsibility for patient care <input type="checkbox"/> Disregards feedback <input type="checkbox"/> Disregards patient privacy & confidentiality	<input type="checkbox"/> Aware of personal limitations <input type="checkbox"/> Aware of patient care responsibilities <input type="checkbox"/> Accepts feedback <input type="checkbox"/> Respects patient privacy & confidentiality	<input type="checkbox"/> Seeks consultation/supervision freely <input type="checkbox"/> Accepts responsibility for patient care <input type="checkbox"/> Seeks feedback <input type="checkbox"/> Encourages others’ respect for patient privacy & confidentiality

PATIENT FEEDBACK FORM (CLINICS)

Dr: _____ (resident) Date: _____ Clinic: _____ Code: _____

Hotel Dieu and Kingston General are teaching hospitals. Our learners need your feedback about their performance! Please complete this anonymous form and support our learners in becoming the best doctors they can be.

Instructions: Please **select one item in each row** that best describes your experience with the doctor you saw today. Use the N/A box if you did not experience something. Please **give the completed card to the receptionist** before leaving.

The Doctor I saw with my child today:

1	<input type="checkbox"/> Dismissive, abrupt and/or rude	<input type="checkbox"/> Listened to what I had to say	<input type="checkbox"/> Asked questions about what I said	<input type="checkbox"/> N/A
2	<input type="checkbox"/> Disregarded my beliefs and concerns	<input type="checkbox"/> Respected my beliefs and concerns	<input type="checkbox"/> Discussed my expectations	<input type="checkbox"/> N/A
3	<input type="checkbox"/> Used language I did not understand	<input type="checkbox"/> Used language I understood	<input type="checkbox"/> Asked question to check I understood	<input type="checkbox"/> N/A
4	<input type="checkbox"/> Did not describe test procedures	<input type="checkbox"/> Described test procedure	<input type="checkbox"/> Checked I understood what was going to be done	<input type="checkbox"/> N/A
5	<input type="checkbox"/> Did not explain test results	<input type="checkbox"/> Explained test results	<input type="checkbox"/> Checked I understood what test results meant	<input type="checkbox"/> N/A
6	<input type="checkbox"/> Did not connect with my child.	<input type="checkbox"/> Tried to interact with my child in an age appropriate way	<input type="checkbox"/> Involved me to help my child feel more comfortable	<input type="checkbox"/> N/A
7	<input type="checkbox"/> Was unclear about when/if we needed to return	<input type="checkbox"/> Explained when we should return and who to see	<input type="checkbox"/> Checked I understood how to arrange our next appointment	<input type="checkbox"/> N/A

Additional comments:

***Requirement: 3 per clinic**

Thank-you for your feedback!

Resident Bedside Teaching Feedback Rubric (Generic)

Resident: _____ Date completed: _____

Please select the best descriptor of your role: Clerk PGY1 PGY2 PGY3 Other (please specify): _____

Please estimate the number of encounters you had with this Resident in the last month: Fewer than 5 5-9 10 or more

Your participation is voluntary. You are under no obligation to respond and may skip any item you are uncomfortable rating.

Confidentiality: Your feedback is anonymous and will be discussed by the Program Director with the Resident in a private meeting.

Instructions: Please consider your most recent encounters with the Resident. Review each item in the “Developing” column of the rubric and decide whether the resident’s performance was below (Needs Attention), at (Developing), above (Achieving) that level.

Please check the N/A box for items that describe behaviours you did not experience with this resident.

	Needs Attention	Developing	Achieving
Communicator	<input type="checkbox"/> N/A <input type="checkbox"/> Dismissive and/or abrupt <input type="checkbox"/> N/A <input type="checkbox"/> Appeared disinterested <input type="checkbox"/> N/A <input type="checkbox"/> Defensive	<input type="checkbox"/> Listened to what I had to say <input type="checkbox"/> Identified my strengths and weaknesses <input type="checkbox"/> Responded positively to questions	<input type="checkbox"/> Used questions to probe my thinking <input type="checkbox"/> Stimulated me to explore my strengths and weaknesses <input type="checkbox"/> Encouraged questions
Collaborator	<input type="checkbox"/> N/A <input type="checkbox"/> Ignored suggestions from team <input type="checkbox"/> N/A <input type="checkbox"/> Didn't acknowledge others' learning needs <input type="checkbox"/> N/A <input type="checkbox"/> Ignored interpersonal conflict <input type="checkbox"/> N/A <input type="checkbox"/> Disrespectful to learners and colleagues	<input type="checkbox"/> Receptive to feedback from team <input type="checkbox"/> Identified others' learning needs <input type="checkbox"/> Recognized interpersonal conflict <input type="checkbox"/> Respected other learners and colleagues	<input type="checkbox"/> Actively sought input from team <input type="checkbox"/> Supported others' learning <input type="checkbox"/> Managed interpersonal conflict <input type="checkbox"/> Encouraged others' respect for learners and colleagues
Scholar	<input type="checkbox"/> N/A <input type="checkbox"/> Dismissed/ignored my learning objectives <input type="checkbox"/> N/A <input type="checkbox"/> Avoided demonstrating skills <input type="checkbox"/> N/A <input type="checkbox"/> Did not provide opportunities for me to observe him/her <input type="checkbox"/> N/A <input type="checkbox"/> Provided unhelpful/incorrect feedback or none at all <input type="checkbox"/> N/A <input type="checkbox"/> Disregarded my level of experience when teaching <input type="checkbox"/> N/A <input type="checkbox"/> Demonstrated little interest in teaching	<input type="checkbox"/> Demonstrated knowledge of my learning objectives <input type="checkbox"/> Demonstrated how to perform skills <input type="checkbox"/> Created opportunities for me to observe him/her <input type="checkbox"/> Provided useful feedback during or immediately after directly observing me <input type="checkbox"/> Adjusted his/her teaching to my level of experience <input type="checkbox"/> Demonstrated interest in teaching	<input type="checkbox"/> Discussed my learning objectives and helped me plan how to meet them <input type="checkbox"/> Debriefed performance after demo <input type="checkbox"/> Encouraged/facilitated my observation of others <input type="checkbox"/> Sought opportunities for me to apply feedback provided <input type="checkbox"/> Easily accommodated learners of varying levels of experience when teaching <input type="checkbox"/> Demonstrated enthusiasm for teaching
Professional	<input type="checkbox"/> N/A <input type="checkbox"/> Engaged in unprofessional behaviors I will avoid as a doctor <input type="checkbox"/> N/A <input type="checkbox"/> Disregarded patient privacy & confidentiality	<input type="checkbox"/> Demonstrated some qualities of the kind of doctor I want to be <input type="checkbox"/> Respected patient privacy & confidentiality	<input type="checkbox"/> Served as a role model of the kind of doctor I want to be (e.g., knowledgeable, professional, empathetic) <input type="checkbox"/> Encouraged others' respects for patient privacy & confidentiality