Preview Form

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Resident Evaluation / Emergency Medicine Version 2012.1

□ Insufficient contact to evaluate (delete evaluation)

Directions: Please document level of competency that resident has displayed.

General Provision of Patient Care	•									
General Comments										
General comments:										
	N/A	0	1	2	3	4	5	6	7	8
Overall Assessment*	Not Observed	NOT QUITE INTERN LEVEL	AT INTERN LEVEL	1.5	AT SECOND YEAR LEVEL	2.5	AT 3RD YEAR LEVEL	3.5	AT 4TH YEAR LEVEL	4.5
Emergency Stabilization*	Not Observed	NOT QUITE INTERN LEVEL	AT INTERN LEVEL Describes a primary assessment on a critically ill or injured patient Recognizes abnormal vital signs	1.5	AT SECOND YEAR LEVEL Recognizes the unstable patient who needs immediate intervention Prioritizes initial stabilization actions in a resuscitation Performs a primary assessment on a critical patient	2.5	AT 3RD YEAR LEVEL Formulates a diagnostic impression and plan for a critical patient Reassesses after implementing a stabilizing intervention	3.5	AT 4TH YEAR LEVEL Manages multiple critical patients Identifies when further clinical intervention is futile Involves system resources into a strategy for a problematic stabilization	4.5
Performance of Focused History & Physical Exam*	Not Observed	NOT QUITE INTERN LEVEL	AT INTERN LEVEL Performs and communicates a reliable, comprehensive H&P	1.5	AT 2ND YEAR LEVEL Performs and communicates a focused H&P reliably addressing the chief complaint and urgent issues	2.5	AT 3RD YEAR LEVEL Prioritizes essential components of a history and exam given a limited or dynamic circumstance	3.5	AT 4TH YEAR LEVEL Uses prior medical records to address current presentation	4.5
Diagnostic Studies*	Not Observed	NOT QUITE	AT INTERN LEVEL	1.5	AT 2ND YEAR LEVEL	2.5	AT 3RD YEAR LEVEL	3.5	AT 4TH YEAR LEVEL	4.5

		INTERN LEVEL	Determines necessity and urgency of diagnostic studies		Prioritizes essential testing & orders appropriate tests using decision rules Performs appropriate bedside diagnostics		Interprets diagnostic results in context of limitations/risks Reviews risks, benefits, contraindications, and alternatives to a diagnostic study or procedure		Uses diagnostics based on the pre-test probability of disease and the likelihood of test results altering management Practices cost effective testing	
Diagnosis*	Not Observed	NOT QUITE INTERN LEVEL	AT INTERN LEVEL Constructs ddx based on cc and initial assessment	1.5	AT 2ND YEAR LEVEL Constructs ddx based on the greatest likelihood of occurrence and greatest potential for harm. Correctly identifies "sick versus not sick"	2.5	AT 3RD YEAR LEVEL Synthesizes the CC, H&P, and available medical information to develop a ddx including those with the greatest potential for harm	3.5	AT 4TH YEAR LEVEL Based on all of the available data, narrows and prioritizes the list of weighted ddx to determine appropriate management Revises a ddx in response to new information	4.5
Pharmacotherapy*	Not Observed	NOT QUITE INTERN LEVEL	AT INTERN LEVEL Knows classifications and mechanism of action of pharmacologic agents. Consistently questions allergies	1.5	AT 2ND YEAR LEVEL Selects appropriate theraputic intervention based on medical knowledege.	2.5	AT 3RD YEAR LEVEL Selects appropriate agent based on mechanism of action, intended effect, and anticipates potential adverse side effects Considers and recognizes potential drug to drug interactions	3.5	AT 4TH YEAR LEVEL Masters Level 3 plus considers patient specific issues including cost, drug interaction, etc Effectively uses multiple pharmacologic agents to stabilize and optimize patient care	4.5
Multi-tasking*	Not Observed	NOT QUITE INTERN LEVEL	AT INTERN LEVEL Manages a single patient amidst distractions	1.5	AT 2ND YEAR LEVEL Task switches between different patients	2.5	AT 3RD YEAR LEVEL Efficently and timely task switch to manage multiple patients	3.5	AT 4TH YEAR LEVEL Employs task switching in an efficient and timely manner in order to manage the ED Effectively mobilizes,directs and/or consults others when needed	4.5
Procedural Skills (General Approa										
,	N/A	0	1	2	3	4	5	6	7	8
General Approach to Procedures*	Not	NOT	AT INTERN	1.5	AT 2ND YEAR	2.5	AT 3RD YEAR	3.5	AT 4TH YEAR	4.5

Disposition Practices	Observed	QUITE INTERN LEVEL	LEVEL Identifies pertinent anatomy and physiology for a specific procedure Uses Universal Precautions		LEVEL Performs needed pre-procedures, activities including consent, monitoring and safety checks Knows indications, contraindications, anesthetic and procedural technique, and potential complications for common ED procedures Able to perform urgent procdures. Assess for and identifies postprocedural complications		LEVEL Performs any indicated procedure on a patient with moderate urgency or with difficult anatomy or co- morbid conditions Determines a backup strategy if initial attempts are unsuccessful		LEVEL Performs the indicated procedure in any circumstance, takes steps to avoid potential complications, and recognizes the outcome and/or complications from the procedure	
Disposition Fractices	N/A	0	1	2	3	4	5	6	7	8
Disposition*	N/A Not Observed	NOT QUITE INTERN LEVEL	AT INTERN LEVEL Understands basic resources available (consultants, social work, PT/OT, financial aid, care coordinators)	1.5	AT 2ND YEAR LEVEL Formulates a specific follow-up plan for common ED complaints with appropriate resource utilization Provides patient education Correctly assigns admitted patients to an appropriate level of care (ICU/Telemetry/Floor/Observation Unit)	2.5	AT 3RD YEAR LEVEL Formulates and provides patient education for complicated patients Involves appropriate consultants/PCP in a timely manner Makes appropriate admission/discharge decisions	3.5	AT 4TH YEAR LEVEL Formulates sufficient admission plans or discharge instructions including future diagnostic/therapeutic interventions for ED patients. Summarizes diagnosis, discharge plan, medications, and follow-up to patient or surrogate	4.5
Practice-Based Learning and Imp	rovemer	nt								
	N/A	0	1	2	3	4	5	6	7	8
Practice Based Performance Improvement*	Not Observed	NOT QUITE INTERN LEVEL	AT INTERN LEVEL Actively seeks feedback and appropriatly modifies practice.	1.5	AT 2ND YEAR LEVEL Performs patient follow-up Continually assesses performance by evaluating feedback and assessment	2.5	AT 3RD YEAR LEVEL Performs self- assessment to identify areas for continued self- improvement and implements learning plans Routely incorporates scientifice evidence into MDM.	3.5	AT 4TH YEAR LEVEL Applies performance improvement methodologies Demonstrates evidenced-based clinical practice and information retrieval mastery	4.5

Interpersonal and Communication	n Skills			11	1				1	
	N/A	0	1	2	3	4	5	6	7	8
Patient Centered Communication*	Not Observed	NOT QUITE INTERN LEVEL	AT INTERN LEVEL Establishes rapport with and demonstrate empathy Listens effectively	1.5	AT 2ND YEAR LEVEL Elicits patients' reasons for seeking health care and expectations from the ED visit Manages simple patient/family-related conflicts	2.5	AT 3RD YEAR LEVEL Manages patient expectations and uses communication methods to minimize the potential for conflict Effectively communicates with vulnerable populations	3.5	AT 4TH YEAR LEVEL Uses flexible communication strategies based on the clinical situation to resolve drug seeking behavior, delivering bad news, unexpected outcomes, medical errors, and high risk refusal-of-care patients	4.
Professionalism		1		11		П				
	N/A	0	1	2	3	4	5	6	7	8
Professional Values*	Not Observed	NOT QUITE INTERN LEVEL	AT INTERN LEVEL Demonstrates caring, honesty, and tolerance to cultural diversity	1.5	AT 2ND YEAR LEVEL Demonstrates compassion, integrity, respect, sensitivity towards other beliefs Recognizesand manages own personal beliefs and values that may impact medical care	2.5	AT 3RD YEAR LEVEL Effectively analyzes and manages ethical issues in complicated clinical situations	3.5	Consistently able to identify barriers to patient care while incorporating patient's personal preferences or beliefs Develops alternate care plans when patients' personal decisions/beliefs preclude the use of commonly accepted practices	4.5
Dational Code al Contantant Description										
Patient Saftey/Systems Based Pr	N/A	0	1	2	3	4	5	6	7	8
Patient Safety*	Not Observed	NOT QUITE INTERN LEVEL	AT INTERN LEVEL Adheres to standards for maintenance of a safe working environment Describes adverse events, medical error and patient safety concepts	1.5	AT 2ND YEAR LEVEL Identifies situations where breakdown in communication may contribute to error Employs processes that optimizes patient safety	2.5	AT 3RD YEAR LEVEL Routinely uses patient safety practices, such as time-outs, read- back, repeats and 'calls for help'	3.5	AT 4TH YEAR LEVEL Leads team reflection such as code debriefings, root cause analysis, or M&M to improve ED performance Appropriately uses system resources to improve both patient care and medical knowledge	4.5
Systems-based Management*	Not Observed	NOT QUITE	AT INTERN LEVEL	1.5	AT 2ND YEAR LEVEL	2.5	AT 3RD YEAR LEVEL	3.5	AT 4TH YEAR LEVEL	4.

		INTERN	Assists patients in navigating the healthcare system		Mobilizes institutional resources to assist patients Uses strategies to enhance patient satisfaction		Coordinates system resources to optimize a patient's care for complicated medical situations		Practices cost effective care Demonstrates the ability to call effectively on other resources in the system to provide optimal health care	
Technology & Documentation Quality*	Not Observed	NOT QUITE INTERN LEVEL	AT INTERN LEVEL Accurate documentation of ED course	1.5	AT 2ND YEAR LEVEL Ensures that the written records are complete, with attention to preventing confusion and error	2.5	AT 3RD YEAR LEVEL Accurately documents MDM without editorializing	3.5	AT 4TH YEAR LEVEL Effectively and ethically uses technology for patient care, medical communication and learning	4.5
* Required fields	mouse over	field to vie	w)				Submit completed	evalu	uation	