Name of Rotation, Date of rotation

Name of Fellow, PGY year

Name of Evaluator, Date completed

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General Instructions for completing evaluations

**For questions with levels, please note the following when selecting the box**

Selecting a box in the middle of the column indicates activities in that column and those in previous columns have been demonstrated.

Selecting a box in-between the columns indicates that activities in lower levels have been demonstrated as well as **SOME** activities in higher columns.

Keep in mind the following

**Level 1** = critical deficiencies in fellow. Selecting level 1 indicates that the fellow is not proceeding along expected trajectory to develop competency.

**Level 2** = an early learner

**Level 3** = advancing as expected and has advanced beyond the early learner but not yet ready for unsupervised practice

**Level 4** = ready for unsupervised practice

**Level 5** = Competency of an expert or role model. Only a few exceptional fellows will achieve this level.

**In general for the ACGME competencies of Medical Knowledge and Patient care,**

The vast majority of PGY-4 (first year) fellows are expected to demonstrate medical knowledge and Patient Care skills at the Level 2 and/or Level 3

Level 4 is designed as the graduation target and Level 5 reflects the competency of an expert.

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**Medical Knowledge (MK 1-2)**

1. Which best describes the fellow’s medical knowledge of critical illness and ability to apply this knowledge towards management of patients in the medical intensive care unit? **[**Maps to **Possess Clinical Knowledge (MK1)]**

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| Not Observed | Level 1 | | Level 2 | | | Level 3 | | | Level 4 | | | Level 5 | | |
|  | Lacks the scientific, socioeconomic or behavioral knowledge required to provide patient care | | Possesses insufficient knowledge of basic science and clinical mechanisms required to provide care for common critical illnesses  Inconsistently reports findings from landmark studies in critical care  Able to integrate medical facts and clinical data to recognize and differentiate common clinical syndromes in the ICU | | | Possesses knowledge of basic science and clinical mechanisms required to provide care for common critical illnesses  Consistently able to report key findings of landmark studies in critical care  Able to diagnose and manage common clinical syndromes in the ICU | | | Possesses the knowledge of basic science and clinical mechanisms to provide patient care for complex critical illness  Able to critically review and appropriately apply findings of landmark studies in critical care  Able to tailor complex treatment plan and anticipate potential outcomes for patients with complex critical illness | | | Possesses the scientific, socioeconomic, and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous, and complex critical illnesses  Able to tailor complex treatment plan and anticipate potential outcomes for patients with medically uncommon, ambiguous, and complex critical illnesses | | |
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**2.** Which best describes the fellow’s medical knowledge of diagnostic testing and procedures in patients with critical illness? [Maps to **Knowledge of diagnostic testing and procedures (MK2)]**

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| Not Observed | Level 1 | | Level 2 | | | Level 3 | | | Level 4 | | | Level 5 | | |
|  | Lacks foundational knowledge to apply diagnostic testing and procedures to patient care | | Inconsistently interprets basic diagnostic tests accurately  Minimally understands the rationale and risks associated with common procedures | | | Consistently interprets basic diagnostic tests accurately  Fully understands the rationale and risks associated with common procedures | | | Interprets complex diagnostic tests accurately while accounting for limitations and biases  Knows the indications and limitations of diagnostic testing and procedures  Teaches the rationale and risks associated with common procedures and anticipates potential complications of procedures | | | Anticipates and accounts for subtle nuances of interpreting diagnostic tests and procedures  Pursues knowledge of new and emerging diagnostic tests and procedures | | |
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**Patient Care (PC1, PC2, PC3, PC4a, PC4b PC5)**

3. Which best describes the fellow’s ability to perform an H&P? [Maps to **Gathers and synthesizes essential and accurate information to define each patient’s clinical problem(S) (PC1)]**

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| Not Observed | Level 1 | | Level 2 | | | Level 3 | | | Level 4 | | | Level 5 | | |
|  | Does not or is inconsistently able to collect accurate historical data  Does not perform an appropriately thorough physical exam, or misses key physical exam findings  Relies exclusively on documentation of others to generate own database or differential diagnosis  Fails to recognize patient’s central clinical problems  Fails to recognize potentially life threatening problems | | Consistently acquires accurate and relevant histories  Consistently performs accurate and appropriately thorough physical exams  Inconsistently recognizes patient’s central clinical problem or develops limited differential diagnoses | | | Acquires accurate histories in an efficient, prioritized, and hypothesis-driven fashion  Performs accurate physical exams that are targeted to the patient’s problems  Uses and synthesizes collected data to define a patient’s central clinical problem(s), generate a prioritized differential diagnosis and problem list  Conveys findings in an organized and efficient manner | | | Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis  Identifies subtle or unusual physical exam findings  Efficiently utilizes all sources of secondary data to inform differential diagnosis  Effectively uses history and physical examination skills to minimize the need for further diagnostic testing | | | Role-models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing | | |
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4. Which best describes the fellow’s ability to develop a comprehensive management plan? [Maps to **Develops and achieves comprehensive management plan for each patient (PC2)]**

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| Not Observed | Level 1 | | Level 2 | | | Level 3 | | | Level 4 | | | Level 5 | | |
|  | Care plans are consistently inappropriate or inaccurate  Does not react to situations that require urgent or emergency care  Does not seek additional guidance when needed | | Inconsistently develops an appropriate care plan  Inconsistently seeks additional guidance when needed | | | Consistently develops appropriate care plan  Recognizes situations requiring urgent or emergency care  Seeks additional guidance as appropriate | | | Appropriately modifies care plans based on patient’s clinical course, additional data, patient preferences, and cost-effectiveness principles  Recognizes disease presentations that deviate from common patterns and require complex decision-making, incorporating diagnostic uncertainty | | | Role-models and teaches complex and patient-centered care  Develops customized, prioritized plans for the most complex pulmonary patients, incorporating diagnostic uncertainty and cost-effectiveness principles | | |
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5. Which best describes the fellow’s ability to manage patients?  **[**Maps to **Manages patients with progressive responsibility and Independence (PC3)]**

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| Not Observed | Level 1 | | Level 2 | | | Level 3 | | | Level 4 | | | Level 5 | | |
|  | Cannot advance beyond the need for direct supervision in the delivery of patient care  Cannot manage patients  Does not assume responsibility for patient management decisions | | Requires **direct supervision** to ensure patient safety and quality care  Requires direct supervision to manage patients with common critical illness  Cannot independently supervise care provided by other members of the physician-led team | | | Requires **indirect supervision** to ensure patient safety and quality care  Provides comprehensive care for single or multiple critical care diagnoses in all appropriate clinical settings  Initiates management plans for urgent or unstable patients | | | **Independently manages** patients who have a broad spectrum of clinical disorders, including undifferentiated critical illness/syndromes  Appropriately manages unstable patients  Effectively supervises the management decisions of the physician-led team | | | Effectively manages unusual, rare, or complex critical illness in all appropriate clinical settings | | |
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**5a.** Which best describes the fellow’s ability to work-up, diagnose and manage the following critical illnesses/syndromes? (maps to PC3)

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| **Disease/Syndrome** | Not Observed | Level 1 | | Level 2 | | | Level 3 | | | Level 4 | | | Level 5 | |
|  | Fellow is not trusted even with direct supervision | | Fellow is trusted with direct supervision | | | Fellow is trusted  with indirect supervision | | | Fellow is trusted to provide care without supervision | | | Fellow provides care at aspirational level | |
| Gastrointenstinal Bleed |  |  |  | |  |  | |  |  | |  |  | |  |
| Alcohol Withdrawal |  |  |  | |  |  | |  |  | |  |  | |  |
| Hyponatremia/Metabolic Disarray |  |  |  | |  |  | |  |  | |  |  | |  |
| Sepsis |  |  |  | |  |  | |  |  | |  |  | |  |

**\*\*\*\*\*\*\* Directions for question 6 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Demonstrating expertise to teach and supervise a procedure indicates that the fellow is able to consistently obtain and document informed consent, manage patient safety and comfort, consistently recognize appropriate patients, indications and associated risks for that particular procedure.**

**6.** Which best describes the fellow’s ability to perform invasive (i.e. thoracentesis, bronchoscopy) and non-invasive (i.e. pleural ultrasound, interpret CXR, CT, PFTs) procedures? **[**Maps to **Demonstrates skill in performing and interpreting invasive and non-invasive procedures (PC 4a and 4b)]**

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| Not Observed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Attempts to perform procedures without sufficient technical skill or supervision  Fails to recognize when procedures are unwarranted or unsafe  Does not recognize the need to obtain informed consent | Possess insufficient technical skill for safe completion of procedures with appropriate supervision  Recognizes the need to obtain informed consent but obtains it ineffectively | Possesses basic technical skill to complete and interpret procedures with indirect supervision  Obtains and documents informed consent  Demonstrates expertise to teach and supervise others in the performance of basic\* procedures | Consistently demonstrates technical skill to successfully and safely perform and interpret procedures  Effectively obtains and documents informed consent in challenging circumstances  Demonstrates expertise to teach and supervise others in the performance of advanced¶ procedures | Demonstrates skill to independently perform and interpret complex procedures that are anticipated for future practice  Demonstrates expertise to teach and supervise others in the performance of procedures in the scope of Interventional Pulmonology§  Designs consent instrument for a human subject research study; files an Institution Review Board (IRB) application |

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\* Thoracic Ultrasound (lung/pleura), ultrasound guided thoracentesis

¶ Bronchoscopy with BAL, TBBx, Endobronchial biopsy, and ultrasound guided pigtail/PleurX/chest tube placement

§ Bronchoscopy with transbronchial needle biopsy using Endobronchial Ultrasound (EBUS) guidance, rigid bronch, bronchial stent placement

6a. Which best describes the fellow’s aptitude in performing/interpreting the following procedures/tests? (Additive to direct observation tools; maps to PC4a and PC4b).

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| **Procedures** | Not Observed | Level 1 | | Level 2 | | | Level 3 | | | Level 4 | | | Level 5 | |
|  | Fellow is not trusted even with direct supervision | | Fellow is trusted with direct supervision | | | Fellow is trusted  with indirect supervision | | | Fellow is trusted to perform without supervision (even in high-risk patients) | | | Fellow performs at aspirational level | |
| Bronchscopy with BAL/airway surveillance |  |  |  | |  |  | |  |  | |  |  | |  |
| Thoracentesis |  |  |  | |  |  | |  |  | |  |  | |  |
| Pigtail/PleurX Catheter Placement |  |  |  | |  |  | |  |  | |  |  | |  |
| Interpret CXR |  |  |  | |  |  | |  |  | |  |  | |  |
| Interpret Chest CT |  |  |  | |  |  | |  |  | |  |  | |  |

7. Which best describes the fellow’s ability to provide consultative care for patients in the Intermediate Care Unit and other non-medical critical care units? **[**Maps to **Requests and provides consultative care (PC5)]**

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| Not Observed | Level 1 | | Level 2 | | | Level 3 | | | Level 4 | | | Level 5 | | |
|  | Is unresponsive to questions or concerns of others when acting as a consultant  Unwilling to provide consultant services | | Inconsistently manages patients as a consultant  Inconsistently applies risk assessment principles to patients while acting as a consultant | | | Provides consultation services for patients with common critical illnesses | | | Provides consultation services for patients with basic and complex critical illness requiring detailed risk assessment | | | Provides consultation services for patients with very complex, rare, ambiguous critical illnesses/syndromes requiring extensive risk assessment | | |
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**Practice-Based Learning & Improvement (PBLI1)**

**8.** Which best describes the fellow’s attitude towards self-assessment and self-learning to optimize practice improvement?  **[Monitors practice with a goal for improvement. (PBLI1)]**

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| Not Observed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Unwilling to self-reflect upon one’s practice or performance  Not concerned with opportunities for learning and self-improvement | Unable to self-reflect upon practice or performance  Misses opportunities for learning and self-improvement | Inconsistently self-reflects upon practice or performance, and inconsistently acts upon those reflections  Inconsistently acts upon opportunities for learning and self-improvement | Regularly self-reflects upon one’s practice or performance, and consistently acts upon those reflections to improve practice  Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement | Regularly seeks external validation regarding self-reflection to maximize practice improvement  Actively and independently engages in self-improvement efforts and reflects upon the experience |

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9. Which best describes the fellow’s ultilization and completion of health records? **[**Maps to **Appropriate utilization and completion of health records (ICS3)]**

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| Not Observed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Provides health records that are missing significant portions of important clinical data  Does not enter medical information and test results/interpretations into health record | Health records are disorganized and inaccurate  Inconsistently enters medical information and test results/ interpretations into health record | Health records are organized and accurate, but are superficial and miss key data or fail to communicate clinical reasoning  Consistently enters medical information and test results/ interpretations into health records | Patient-specific health records are organized, timely, accurate, comprehensive, and effectively communicate clinical reasoning  Provides effective and prompt medical information and test results/ interpretations to physicians and patients | Role-models and teaches importance of organized, accurate, and comprehensive health records that are succinct and patient-specific |

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10.Which best describes the fellow’s overall clinical competence as a specialist in the Intermediate Care Unit and/or non-MICU critical care consults?

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| Not Observed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Consistently unable to evaluate and manage common critical illnesses | Inconsistently able to effectively evaluate and manage common critical illnesses | Consistently able to effectively evaluate and manage common critical illnesses | Ready for unsupervised practice  Consistently able to effectively evaluate and manage complex critical illnesses | Competency of an expert or role model.    Consistently able to effectively evaluate and manage uncommon, ambiguous, and complex critical illnesses  Only a few exceptional fellows will achieve this level. |

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**If level 1 was selected for any of the above, please explain (CONFIDENTIAL and will not be shown to fellow)**

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**If level 5 was selected for any of the above, please explain (will be shared with fellow)**

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**Comments to be shared with fellow**

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**Was verbal feedback provided to the fellow?**

Yes/No (radio button)