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 transplant medicine/pulmonary disease and ability to apply this knowledge towards management of patients on the inpatient transplant service? [Maps to **Possess Clinical Knowledge (MK1)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 lung transplant patients and patients with advanced pulmonary diseasesAble to integrate medical facts and clinical data to recognize and differentiate common clinical presentations of advanced pulmonary disease Possess knowledge of lung transplantation indications and selection | Possesses knowledge of basic science and clinical mechanisms required to provide care for lung transplant patients and patients with advanced pulmonary diseasesAble to diagnose and manage patients with advanced pulmonary diseases.Able to diagnose and manage lung transplant patients with common post-transplant complications (i.e. infections, ACR) | Possesses the knowledge of basic science and clinical mechanisms to provide care for patients with advanced complex pulmonary diseasesAble to diagnose and manage lung transplant patients with complex post-transplant complications and/or rare infections | Possesses the scientific, socioeconomic, and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous, and complex pulmonary diseasesAble to tailor complex treatment plan and anticipate potential outcomes for lung transplant patients with medically uncommon, ambiguous, and complex diseases |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**2.** Which best describes the fellow’s medical knowledge of diagnostic testing and procedures in lung transplant recipients and patients with advanced pulmonary diseases? [Maps to **Knowledge of diagnostic testing and procedures (MK2)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 accuratelyMinimally understands the rationale and risks associated with common procedures | Consistently interprets basic diagnostic tests accuratelyFully understands the rationale and risks associated with common procedures | Interprets complex diagnostic tests accurately while accounting for limitations and biasesKnows the indications for, and limitations of, diagnostic testing and proceduresTeaches 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 proceduresPursues knowledge of new and emerging diagnostic tests and procedures |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Patient Care (PC1, PC2, PC4a, PC3, 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)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Observed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Does not or is inconsistently able to collect accurate historical dataDoes not perform an appropriately thorough physical exam, or misses key physical exam findingsRelies exclusively on documentation of others to generate own database or differential diagnosisFails to recognize patient’s central clinical problemsFails to recognize potentially life threatening problems | Consistently acquires accurate and relevant historiesConsistently performs accurate and appropriately thorough physical examsInconsistently recognizes patient’s central clinical problem or develops limited differential diagnoses | Acquires accurate histories in an efficient, prioritized, and hypothesis-driven fashionPerforms accurate physical exams that are targeted to the patient’s problemsUses and synthesizes collected data to define a patient’s central clinical problem(s), generate a prioritized differential diagnosis and problem listConveys findings in an organized and efficient manner | Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosisIdentifies subtle or unusual physical exam findingsEfficiently utilizes all sources of secondary data to inform differential diagnosisEffectively 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 |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

4. Which best describes the fellow’s ability to develop a comprehensive management plan for lung transplant recipients and patients with advanced pulmonary diseases? [Maps to **Develops and achieves comprehensive management plan for each patient (PC2)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Observed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Care plans are consistently inappropriate or inaccurateDoes not react to situations that require urgent or emergency careDoes not seek additional guidance when needed | Inconsistently develops an appropriate care planInconsistently seeks additional guidance when needed | Consistently develops appropriate care planRecognizes situations requiring urgent or emergency careSeeks additional guidance as appropriate | Appropriately modifies care plans based on patient’s clinical course, additional data, patient preferences, and cost-effectiveness principlesRecognizes disease presentations that deviate from common patterns and require complex decision-making, incorporating diagnostic uncertaintyManages complex acute and chronic pulmonary diseases | Role-models and teaches complex and patient-centered careDevelops customized, prioritized care plans for the most complex pulmonary patients, incorporating diagnostic uncertainty and cost-effectiveness principles |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**5.** Which best describes the fellow’s ability to work-up, diagnose and manage the following post-transplant complications? (modified from PC3-do not map for MedHub but for us to know)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 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 |
| Primary Graft Dysfunction | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Acute Cellular Rejection | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Post-transplant Pneumonia | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Bronchiolitis Obliterans Syndrome | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**\*\*\*\*\*\*\* 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 do invasive (i.e. bronchoscopy, thoracentesis) 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)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Observed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Attempts to perform procedures without sufficient technical skill or supervisionFails to recognize when procedures are unwarranted or unsafeDoes not recognize the need to obtain informed consent | Possess insufficient technical skill for safe completion of procedures with appropriate supervisionInattentive to patient safety and comfort when performing proceduresRecognizes the need to obtain informed consent but obtains it ineffectively | Possesses basic technical skill to complete and interpret procedures with indirect supervisionObtains and documents informed consentDemonstrates expertise to teach and supervise others in the performance of basic\* pulmonary procedures | Consistently demonstrates technical skill to successfully and safely perform and interpret proceduresEffectively obtains and documents informed consent in challenging circumstances (e.g., language or cultural barriers)Demonstrates expertise to teach and supervise others in the performance of advanced¶ pulmonary procedures | Demonstrates skill to independently perform and interpret complex procedures that are anticipated for future practiceDemonstrates 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

7. Which best describes the fellow’s aptitude in performing/interpreting the following procedures/tests? (Additive to direct observation tools; maps to PC4a and PC4b do NOT map to MedHub).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Bronch with TBBX | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

8. Which best describes the fellow’s ability to provide consultative care for lung transplant recipients and patients with advanced pulmonary diseases? **[**Maps to **Requests and provides consultative care (PC5)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Observed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Is unresponsive to questions or concerns of others when acting as a consultantUnwilling to provide consultant services  | Inconsistently manages patients as a consultant to other physicians/health care teamsInconsistently applies risk assessment principles to patients while acting as a consultant | Provides consultation services for patients with clinical problems requiring basic risk assessment | Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment | Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Systems-Based Practice (SBP1)**

9. Which best describes the fellow’s ability to work effectively within an interprofessional team? **[Works effectively within an interprofessional team (e.g. with peers, consultants, nursing, ancillary professionals, and other support personnel) (SBP1)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Observed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Refuses to recognize the contributions of other interprofessional team membersFrustrates team members with inefficiency and errorsFrequently requires reminders from team to complete physician responsibilities (e.g., talk to family, enter orders) | Identifies roles of other team members, but does not recognize how/when to utilize them as resourcesParticipates in team discussions when required, but does not actively seek input from other team members | Understands the roles and responsibilities of all team members, but uses them ineffectivelyActively engages in team meetings and collaborative decision-making | Understands the roles and responsibilities of, and effectively partners with, all members of the teamEfficiently coordinates activities of other team members to optimize care | Develops, trains, and inspires the team regarding unexpected events or new patient management strategiesViewed by other team members as a leader in the delivery of high-quality care |

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**Practice-Based Learning & Improvement (PBLI1)**

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

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

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**Professionalism (PROF1, PROF3)**

11. Which best describes the fellow’s interactions with patients, caregivers and members of the interprofessional team? [**Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professional, and support personnel). (PROF1)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Observed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Sacrifices patient needs in favor of self-interestDoes not demonstrate empathy, respect, compassion or responsiveness to patients’/caregivers’ needsDoes not consider patient privacy and autonomy | Inconsistently demonstrates empathy, respect, compassion to patients/caregiversInconsistently demonstrates responsiveness to patients’/caregivers’ needsInconsistently considers patient privacy and autonomy | Consistently respectful in interactions even in challenging situationsIs available and responsive to needs and concerns of patients, caregivers, and members of the interprofessional teamEmphasizes patient privacy and autonomy in all interactions | Demonstrates empathy, respect, and compassion to patients/caregivers in all situationsAnticipates, advocates for, and actively works to meet the needs of patients/caregiversDemonstrates a responsiveness to patient needs that supersedes self-interestPositively acknowledges input from team and incorporates that input, as appropriate | Role-models compassion, respect, and empathy for patients /caregivers Role-models anticipation and advocacy for patient and caregiver needsFosters collegiality that promotes a high-functioning interprofessional teamTeaches others regarding maintaining patient privacy and respecting patient autonomy |

|  |  |  |  |  |  |  |  |  |  |
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**Interpersonal & Communication Skills (ICS1, ICS2, ICS3)**

12. Which best describes the fellow’s communication skills with patients and caregivers? [Maps to **Communicates effectively with patients and caregivers. (ICS1)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Observed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Ignores patient preferences for plan of careMakes no attempt to engage patient in shared decision-makingRoutinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers | Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferencesAttempts to develop therapeutic relationships with patients and caregivers but is inconsistently successfulDefers difficult or ambiguous conversations to others | Engages patients in shared decision-making in uncomplicated conversationsRequires assistance facilitating discussions in difficult or ambiguous conversationsRequires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds | Identifies and incorporates patient preference in shared decision-making in complex patient care conversations and the plan of careQuickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds | Role-models effective communication and development of therapeutic relationships in both routine and challenging situationsModels cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic and cultural backgroundsAssists others with effective communication and development of therapeutic relationships |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

13. Which best describes the fellow’s communication skills with interprofessional teams (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel)? [**Communicates effectively interprofessional teams (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (ICS2)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Observed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Utilizes communication strategies that hamper collaboration and teamworkVerbal and/or non-verbal behaviors disrupt effective collaboration with team members | Uses unidirectional communication that fails to utilize the wisdom of team membersResists offers of collaborative input | Inconsistently engages in collaborative communication with appropriate members of the teamInconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care | Consistently and actively engages in collaborative communication with all members of the teamVerbal, non-verbal, and written communication consistently acts to facilitate collaboration with team members to enhance patient care | Role models and teaches collaborative communication with the team to enhance patient care, even in challenging settings and with conflicting team member opinions |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Observed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Provides health records that are missing significant portions of important clinical dataDoes not enter medical information and test results/interpretations into health record | Health records are disorganized and inaccurateInconsistently 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 reasoningConsistently enters medical information and test results/ interpretations into health records | Patient-specific health records are organized, timely, accurate, comprehensive, and effectively communicate clinical reasoningProvides 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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| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

15. What best reflects fellows overall clinical competence as a specialist in inpatient transplant medicine?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Observed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Consistently unable to evaluate and manage common pulmonary diseases | Inconsistently able to effectively evaluate and manage patients with common post-transplant complications and patients with advanced pulmonary diseases | Consistently able to effectively evaluate and manage patients with common post-transplant complications and patients with advanced pulmonary diseases | Consistently able to effectively evaluate and manage patients with complex and rare post-transplant complications and patients with advanced pulmonary diseases | Consistently able to effectively evaluate and manage uncommon, ambiguous, and complex post-transplant complications |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**Comments to be shared with fellow**

|  |
| --- |
|  |

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

Yes/No (radio button)