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 pulmonary physiology and ability to apply this knowledge towards the interpretation of Pulmonary Function Tests, Sleep Studies and/or Cardiopulmonary Exercise Tests? [Maps to **Possess Clinical Knowledge (MK1)]**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not Observed | Level 1 | | Level 2 | | | Level 3 | | | Level 4 | | | Level 5 | | |
|  | Lacks basic pulmonary physiology knowledge | | Possesses insufficient knowledge of basic pulmonary physiology required to discuss findings on basic PFTs, CPETs and Sleep studies | | | Possesses knowledge of basic pulmonary physiology required to interpret basic PFTs, CPETs and Sleep studies | | | Possesses the knowledge of complex pulmonary physiology required to interpret complex PFTs, CPETs and basic Sleep Studies. | | | Possesses the pulmonary physiology knowledge required to interpret and discuss complex PFTs and CPETs as an expert physiologist. | | |
|  |  |  | |  |  | |  |  | |  |  | |  |

**2.** Which best describes the fellow’s medical knowledge of diagnostic testing and procedures in patients with pulmonary disease? [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 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 for, 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 | | |
|  |  |  | |  |  | |  |  | |  |  | |  |

3. Which best describes the fellow’s aptitude to appropriately initiate the following non-invasive ventilator modes?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 without supervision | | | Fellow provides care at aspirational level | |
| CPAP |  |  |  | |  |  | |  |  | |  |  | |  |
| Fixed Bilevel |  |  |  | |  |  | |  |  | |  |  | |  |
| AVAPS |  |  |  | |  |  | |  |  | |  |  | |  |
| ASV |  |  |  | |  |  | |  |  | |  |  | |  |

4. Which best describes the fellow’s aptitude in interpreting the following tests? **[**Maps to **Demonstrates skill in performing and interpreting invasive and non-invasive procedures (PC 4b)]**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 without supervision | | | Fellow performs at aspirational level | |
| Arterial Blood Gas |  |  |  | |  |  | |  |  | |  |  | |  |
| Pulmonary Function Tests |  |  |  | |  |  | |  |  | |  |  | |  |
| CPET |  |  |  | |  |  | |  |  | |  |  | |  |
| Sleep Studies |  |  |  | |  |  | |  |  | |  |  | |  |

**5.** Which best describes the fellow’s aptitude in interpreting the following disease states on Pulmonary Function Tests? **[**Maps to **Demonstrates skill in performing and interpreting invasive and non-invasive procedures (PC 4b)]**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 without supervision | | | Fellow provides care at aspirational level | |
| Restrictive Ventilatory Defects |  |  |  | |  |  | |  |  | |  |  | |  |
| Obstructive Ventilatory Defects |  |  |  | |  |  | |  |  | |  |  | |  |
| Variable intra-thoracic and extra-thoracic obstruction |  |  |  | |  |  | |  |  | |  |  | |  |
| Fixed upper airway obstruction |  |  |  | |  |  | |  |  | |  |  | |  |

**6.** Which best describes the fellow’s aptitude in performing/interpreting the following disease states on Cardiopulmonary Exercise Tests? **[**Maps to **Demonstrates skill in performing and interpreting invasive and non-invasive procedures (PC 4b)]**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 without supervision | | | Fellow provides care at aspirational level | |
| Ventilatory Limiations |  |  |  | |  |  | |  |  | |  |  | |  |
| Pulmonary Vascular Disease |  |  |  | |  |  | |  |  | |  |  | |  |
| Cardiovascular Limitations |  |  |  | |  |  | |  |  | |  |  | |  |
| Deconditioning |  |  |  | |  |  | |  |  | |  |  | |  |

**7.** Which best describes the fellow’s aptitude in interpreting the following disease states on Sleep Studies? **[**Maps to **Demonstrates skill in performing and interpreting invasive and non-invasive procedures (PC 4b)]**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 without supervision | | | Fellow provides care at aspirational level | |
| Cheyne-Stokes Respiration |  |  |  | |  |  | |  |  | |  |  | |  |
| Obstructive Sleep Apnea |  |  |  | |  |  | |  |  | |  |  | |  |
| Hypoventilation Syndromes |  |  |  | |  |  | |  |  | |  |  | |  |

**Practice-Based Learning & Improvement (PBLI1, & PBLI3)**

**8.** 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)]**

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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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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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9.Which best describes the fellow’s approach to seek and incorporate feedback? [**Learns and improves via feedback. (PBLI3)]**

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| --- | --- | --- | --- | --- | --- |
| Not Observed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Never solicits feedback  Actively resists feedback from others | Rarely seeks and does not incorporate feedback  Responds to unsolicited feedback in a defensive fashion  Temporarily or superficially adjusts performance based on feedback | Solicits feedback only from supervisors and inconsistently incorporates feedback  Is open to unsolicited feedback  Inconsistently incorporates feedback | Solicits feedback from all members of the interprofessional team and patients  Welcomes unsolicited feedback  Consistently incorporates feedback  Able to reconcile disparate or conflicting feedback | Performance continuously reflects incorporation of solicited and unsolicited feedback  Role-models ability to reconcile disparate or conflicting feedback |

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**Interpersonal & Communication Skills (ICS3)**

10. Which best describes the fellow’s ultilization 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 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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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**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)**

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|  |

**Comments to be shared with fellow**

|  |
| --- |
|  |

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

Yes/No (radio button)