NAS evaluation tool for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rotation

We will need to have name of evaluator, name of trainee, PGY of trainee, date of rotation and date evaluation 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 behavior and 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 disease and ability to apply this knowledge towards management of patients on the inpatient pulmonary consultative service? [**Possess Clinical Knowledge (MK1)]**

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| Not Assessed | 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 pulmonary diseases  Inconsistently reports findings from landmark studies in pulmonary medicine  Able to integrate medical facts and clinical data to recognize and differentiate common clinical presentations of pulmonary disease  And formulate a plan for evaluation and management | | | Possesses knowledge of basic science and clinical mechanisms required to provide care for common pulmonary diseases  Consistently able to report key findings of landmark pulmonary medicine  Able to diagnose and manage patients with common pulmonary diseases. | | | Possesses the knowledge of basic science and clinical mechanisms to provide patient care for complex pulmonary diseases  Able to critically review and appropriately apply findings of landmark studies in pulmonary medicine  Able to integrate complicated medical facts, tailor a complex treatment plan and anticipate potential outcomes for pulmonary patients with a wide range of illness | | | Possesses the scientific, socioeconomic, and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous, and complex pulmonary diseases  Able to tailor complex treatment plan and anticipate potential outcomes for patients with medically uncommon, ambiguous, and complex pulmonary diseases | | |
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**2.** Which best describes the fellow’s medical knowledge of diagnostic testing and procedures in patients with pulmonary disease? [**Knowledge of diagnostic testing and procedures (MK2)]**

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| Not Assessed | 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 | | |
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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? [**Gathers and synthesizes essential and accurate information to define each patient’s clinical problem(S) (PC1)]**

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| Not Assessed | Level 1 | | Level 2 | | | Level 3 | | | Level 4 | | | Level 5 | | |
|  | Does not or is inconsistently able to collect accurate historical data  Does not perform or use an appropriately thorough physical exam, or misses key physical exam findings  Relies exclusively on documentation of others to generate own database or differential diagnosis or is overly reliant on secondary data  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 for patients with pulmonary diseases? [**Develops and achieves comprehensive management plan for each patient (PC2)]**

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| Not Assessed | 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 and/or consultation 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  Manages complex acute and chronic pulmonary diseases | | | Role-models and teaches complex and patient-centered care  Develops customized, prioritized care 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 with pulmonary disease?  **[Manages patients with progressive responsibility and Independence (PC3)]**

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| Not Assessed | 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 with pulmonary diseases  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 pulmonary diseases  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 diagnoses in all appropriate clinical settings  Initiates management plans for urgent or unstable pulmonary patients | | | **Independently manages** patients who have a broad spectrum of clinical disorders, including undifferentiated pulmonary syndromes  Seeks additional guidance and/or consultation as appropriate  Appropriately manages unstable pulmonary patients  Effectively supervises the management decisions of the physician-led team | | | Effectively manages unusual, rare, or complex pulmonary disorders in all appropriate clinical settings | | |
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**5a. Specifics pulmonary diseases consider adding EPAs (once published)?**

**3a.** Which best describes the fellow’s ability to work-up, diagnose and manage the following pulmonary diseases/syndromes? (maps to PC3)

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| **Pulmonary disease or EPA** | Not Assessed | 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 | |
| Hypoxemia |  |  |  | |  |  | |  |  | |  |  | |  |
| Hypercapnea |  |  |  | |  |  | |  |  | |  |  | |  |
| COPD/emphysema |  |  |  | |  |  | |  |  | |  |  | |  |
| Asthma |  |  |  | |  |  | |  |  | |  |  | |  |
| DPLD |  |  |  | |  |  | |  |  | |  |  | |  |
| SPN |  |  |  | |  |  | |  |  | |  |  | |  |
| Lung Cancer |  |  |  | |  |  | |  |  | |  |  | |  |
| Occupational Lung Disease |  |  |  | |  |  | |  |  | |  |  | |  |
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**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? **[Demonstrates skill in performing and interpreting invasive and non-invasive procedures (PC 4a and 4b)]**

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| Not Assessed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Possess insufficient technical skill for safe completion of procedures with direct supervision  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 | Inattentive to patient safety and comfort when performing procedures  Recognizes the need to obtain informed consent but obtains it ineffectively | Possesses basic technical skill for the completion and interpretation procedures with indirect supervision  Inconsistently manages patient safety and comfort when performing procedures  Inconsistently recognizes appropriate patients, indications, and associated risks  Obtains and documents informed consent | Consistently demonstrates technical skill to successfully and safely perform and interpret procedures  Demonstrates expertise to teach and supervise others in the performance of procedures  Maximizes patient comfort and safety when performing procedures  Consistently recognizes appropriate patients, indications, and associated risks  Effectively obtains and documents informed consent in challenging circumstances (e.g., language or cultural barriers) | Demonstrates skill to independently perform and interpret complex procedures that are anticipated for future practice  Designs consent instrument for a human subject research study; files an Institution Review Board (IRB) application |

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

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| **Procedures** | Not Assessed | 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 |  |  |  | |  |  | |  |  | |  |  | |  |
| Bronch with EBUS |  |  |  | |  |  | |  |  | |  |  | |  |
| Thoracentesis |  |  |  | |  |  | |  |  | |  |  | |  |
| Pigtail Catheter |  |  |  | |  |  | |  |  | |  |  | |  |
| Interpret PFTs |  |  |  | |  |  | |  |  | |  |  | |  |
| Interpret CXR |  |  |  | |  |  | |  |  | |  |  | |  |
| Interpret Chest CT |  |  |  | |  |  | |  |  | |  |  | |  |
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7. Which best describes the fellow’s ability to provide consultative care for patients with pulmonary diseases? **[Requests and provides consultative care (PC5)]**

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| Not Assessed | 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 to other physicians/health care teams  Inconsistently 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 | | |
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**Systems-Based Practice (SBP3)**

8. Which best describes the fellows practice of cost-effective care? **[Identifies forces that impact the cost of health care, and advocates for practices cost-effective care (SBP3)]**

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| Not Assessed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Ignores cost issues in the provision of care  Demonstrates no effort to overcome barriers to cost-effective care | Lacks awareness of external factors (e.g., socio-economic, cultural, literacy, insurance status) that impact the cost of health care, and the role that external stakeholders (e.g., providers, suppliers, financers, purchasers) have on the cost of care  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions | Recognizes that external factors influence a patient’s utilization of health care and may act as barriers to cost-effective care  Minimizes unnecessary diagnostic and therapeutic tests  Possesses an incomplete understanding of cost-awareness principles for a population of patients (e.g., use of screening tests) | Consistently works to address patient-specific barriers to cost-effective care  Advocates for cost-conscious utilization of resources such as emergency department visits and hospital readmissions  Incorporates cost-awareness principles into standard clinical judgments and decision-making, including use of screening tests | Teaches patients and health care team members to recognize and address common barriers to cost-effective care and appropriate utilization of resources  Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective, high-quality care |

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**Practice-Based Learning & Improvement (PBLI1, & PBLI4)**

**9.** 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 Assessed | 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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10. Which best describes the fellow’s ability to identify and critique medical literature and use informational technology to improve patient care? [**Learns and improves at the point of care. (PBLI4)]**

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| Not Assessed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate  Fails to seek or apply evidence when necessary | Rarely reconsiders an approach to a problem, asks for help, or seeks new information  Unfamiliar with strengths and weaknesses of the medical literature  Has limited awareness of, or ability to use, information technology or decision support tools and guidelines  Accepts the findings without critical appraisal | Inconsistently reconsiders an approach to a problem, asks for help, or seeks new information  Aware of the strengths and weaknesses of medical literature  With assistance, appraises clinical research reports based on accepted criteria | Routinely reconsiders an approach to a problem, asks for help, or seeks new information  Routinely translates new medical information needs into well-formed clinical questions  Guided by the characteristics of clinical questions, efficiently searches medical information resources, including decision support tools and guidelines  Independently appraises clinical research reports based on accepted criteria | Role-models how to appraise clinical research reports based on accepted criteria  Has a systematic approach to track and pursue emerging clinical questions |

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**Professionalism (PROF3)**

11. Which best describes the fellow’s response to individual patient needs and characteristics? **[Responds to each patient’s unique characteristics and needs (PROF3)]**

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| Not Assessed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Is insensitive to differences related to personal characteristics and needs in the patient/caregiver encounter  Is unwilling to modify care plan to account for a patient’s unique characteristics and needs | Is sensitive to and has basic awareness of differences related to personal characteristics and needs in the patient/caregiver encounter  Requires assistance to modify care plan to account for a patient’s unique characteristics and needs | Seeks to fully understand each patient’s personal characteristics and needs  Modifies care plan to account for a patient’s unique characteristics and needs with partial success | Recognizes and accounts for the personal characteristics and needs of each patient  Appropriately modifies care plan to account for a patient’s unique characteristics and needs | Role-models professional interactions to navigate and negotiate differences related to a patient’s unique characteristics or needs  Role-models consistent respect for patient’s unique characteristics and needs |

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

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

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| Not Assessed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Ignores patient preferences for plan of care  Makes no attempt to engage patient in shared decision-making  Routinely 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 preferences  Attempts to develop therapeutic relationships with patients and caregivers but is inconsistently successful  Defers difficult or ambiguous conversations to others | Engages patients in shared decision-making in uncomplicated conversations  Requires assistance facilitating discussions in difficult or ambiguous conversations  Requires 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 care  Quickly 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 situations  Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic and cultural backgrounds  Assists others with effective communication and development of therapeutic relationships |

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

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| Not Assessed | 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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**If level 1 or level 5 was selected for any of the above, please explain (will not be shown to 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)

\*\*\*Either on APCCMPD site or on bottom of evaluation tools created\*\*\*

**Acknowledgements**: Thank you to NYU and University of Wisconsin for sharing their MICU, Inpatient Pulmonary and Outpatient Pulmonary rotation evaluations. Elements of these tools have contributed to the development and verbage used in sections of this evaluation tool.