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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 critical illness and ability to apply this knowledge towards management of patients in the medical intensive care unit? [**Possess Clinical Knowledge (MK1)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 critical illnessesInconsistently reports findings from landmark studies in critical careAble 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 illnessesConsistently able to report key findings of landmark studies in critical careAble 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 illnessAble to critically review and appropriately apply findings of landmark studies in critical careAble 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 illnessesAble to tailor complex treatment plan and anticipate potential outcomes for patients with medically uncommon, ambiguous, and complex critical illnesses  |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**2.** Which best describes the fellow’s medical knowledge of diagnostic testing and procedures in patients with critical illness? [**Knowledge of diagnostic testing and procedures (MK2)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 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 (PC3, PC4a & PC4b)**

**3.** Which best describes the fellow’s ability to manage patients with critical illness?  **[Manages patients with progressive responsibility and Independence (PC3)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 careCannot manage patients with critical illnessDoes not assume responsibility for patient management decisions | Requires **direct supervision** to ensure patient safety and quality careRequires direct supervision to manage patients with common critical illnesses Cannot independently supervise care provided by other members of the physician-led team | Requires **indirect supervision** to ensure patient safety and quality careUnder supervision, provides appropriate care in the ICUInitiates management plans for unstable critically ill patients | **Independently manages** critically ill patients who have a broad spectrum of clinical disorders, including undifferentiated syndromesSeeks additional guidance and/or consultation as appropriateAppropriately manages unstable critically ill patientsEffectively supervises the management decisions of the physician-led team  | Effectively manages unusual, rare, or complex disorders requiring care in the ICU |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**3a. Specifics about common critical illness, consider adding EPAs (once published)?**

**3a.** Which best describes the fellow’s ability to diagnose and manage (maps to PC3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Common Critical Illness 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 |
| Severe Sepsis/Septic Shock | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Undifferentiated Shock | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Acute Respiratory Failure | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Acute Complex Medical Disorders (hepatic failure, renal failure, overdose, metabolic disarray) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**4.** Which best describes the fellow’s ability to do the following invasive and non-invasive (i.e. critical care ultrasound) procedures? **[Demonstrates skill in performing and interpreting invasive and non-invasive procedures (PC 4a and 4b)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Assessed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Attempts to perform procedures without sufficient technical skill or supervisionPossess insufficient technical skill for safe completion of procedures with direct supervisionFails to recognize when procedures are unwarranted or unsafeDoes not recognize the need to obtain informed consent | Inattentive to patient safety and comfort when performing proceduresRecognizes the need to obtain informed consent but obtains it ineffectively | Possesses basic technical skill for the completion and interpretation procedures with indirect supervisionInconsistently manages patient safety and comfort when performing proceduresInconsistently recognizes appropriate patients, indications, and associated risksObtains and documents informed consent | Consistently demonstrates technical skill to successfully and safely perform and interpret proceduresDemonstrates expertise to teach and supervise others in the performance of proceduresMaximizes patient comfort and safety when performing proceduresConsistently recognizes appropriate patients, indications, and associated risksEffectively 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 practiceDesigns consent instrument for a human subject research study; files an Institution Review Board (IRB) application |

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| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

4a. Which describes the fellow’s aptitude in performing the following procedures? (Additive to direct observation tools; maps to PC4a and PC4b).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |
| CVC placement | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| A-line | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| ETT  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Screening critical Care ECHO | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Insert PAC | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Interpret PAC  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Systems-Based Practice (SBP1, SBP2, SBP4)**

5.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 Assessed | 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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6. Which best describes the fellow’s ability to recognize system error and advocate for system improvement? **[Recognizes system error and advocates for system improvement. (SBP2)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Assessed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Ignores a risk for error within the system that may affect the care of a patientIgnores feedback and is unwilling to change behavior in order to reduce the risk for error | Does not recognize the potential for system errorResistant to feedback about decisions that may lead to error or otherwise cause harm | Recognizes the potential for error within the systemIdentifies obvious or critical causes of error and notifies supervisor accordinglyWilling to receive feedback about decisions that may lead to error or otherwise cause harm | Identifies systemic causes of medical error and navigates them to provide safe patient careAdvocates for safe patient care and optimal patient care systemsActivates formal system resources to investigate and mitigate real or potential medical errorReflects upon and learns from own critical incidents that may lead to medical error | Advocates for system leadership to formally engage in quality assurance and quality improvement activitiesViewed as a leader in identifying and advocating for the prevention of medical errorTeaches others regarding the importance of recognizing and mitigating system error |

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7. Which best describes the fellow’s ability to effectively transition patient care in the Intensive care Unit (including overnight coverage, transfer to floor)? [**Transitions patients effectively within and across health delivery systems (SBP4)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Assessed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Disregards need for communication at time of transitionDoes not respond to requests of caregivers in other delivery systemsWritten and verbal care plans during times of transition are absent | Inconsistently utilizes available resources transition careProvides incomplete written and verbal care plans during times of transition | Recognizes the importance of communication during times of transitionCommunicates with future caregivers, but demonstrates lapses in provision of pertinent or timely information | Appropriately utilizes available resources to coordinate care and manage conflicts to ensure safe and effective transition of careActively communicates with past and future caregivers to ensure continuity of careAnticipates needs of patient, caregivers, and future care providers and takes appropriate steps to address those needs | Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency, and ensure high-quality patient outcomesRole-models and teaches effective transitions of care |

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**Practice-Based Learning & Improvement (PBLI1, PBLI3, & PBLI4)**

**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)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Assessed | 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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9.Which best describes the fellow’s approach to seek and incorporate feedback? [**Learns and improves via feedback. (PBLI3)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Assessed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Never solicits feedbackActively resists feedback from others | Rarely seeks and does not incorporate feedbackResponds to unsolicited feedback in a defensive fashionTemporarily or superficially adjusts performance based on feedback | Solicits feedback only from supervisors and inconsistently incorporates feedbackIs open to unsolicited feedbackInconsistently incorporates feedback | Solicits feedback from all members of the interprofessional team and patientsWelcomes unsolicited feedbackConsistently incorporates feedbackAble to reconcile disparate or conflicting feedback | Performance continuously reflects incorporation of solicited and unsolicited feedbackRole-models ability to reconcile disparate or conflicting feedback |

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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)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 inaccurateFails to seek or apply evidence when necessary | Rarely reconsiders an approach to a problem, asks for help, or seeks new informationUnfamiliar with strengths and weaknesses of the medical literatureHas limited awareness of, or ability to use, information technology or decision support tools and guidelinesAccepts the findings without critical appraisal | Inconsistently reconsiders an approach to a problem, asks for help, or seeks new informationAware of the strengths and weaknesses of medical literatureWith assistance, appraises clinical research reports based on accepted criteria | Routinely reconsiders an approach to a problem, asks for help, or seeks new informationRoutinely translates new medical information needs into well-formed clinical questionsGuided by the characteristics of clinical questions, efficiently searches medical information resources, including decision support tools and guidelinesIndependently appraises clinical research reports based on accepted criteria | Role-models how to appraise clinical research reports based on accepted criteriaHas a systematic approach to track and pursue emerging clinical questions |

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**Professionalism (PROF1, PROF2, PROF4)**

11. Which best describes the fellow’s interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professional, support personnel? [**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 Assessed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Disrespectful in interactions with patients, caregivers, and members of the interprofessional teamSacrifices patient needs in favor of self-interestDoes not demonstrate empathy, compassion, and respect for patients and caregiversDoes not demonstrate responsiveness to patients’ and caregivers’ needs in an appropriate fashionDoes not consider patient privacy and autonomy | Inconsistently demonstrates empathy, compassion, and respect for patients and caregiversInconsistently demonstrates responsiveness to patients’ and caregivers’ needs in an appropriate fashionInconsistently considers patient privacy and autonomy | Consistently respectful in interactions with patients, caregivers, and members of the interprofessional team, even in challenging situationsIs available and responsive to needs and concerns of patients, caregivers, and members of the interprofessional team to ensure safe and effective patient careEmphasizes patient privacy and autonomy in all interactions | Demonstrates empathy, compassion, and respect to patients and caregivers in all situationsAnticipates, advocates for, and actively works to meet the needs of patients and caregiversDemonstrates a responsiveness to patient needs that supersedes self-interestPositively acknowledges input of members of the interprofessional team and incorporates that input into plan of care, as appropriate | Role-models compassion, empathy, and respect for patients and caregiversRole-models appropriate 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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12. Which best describes the fellow’s professional responsibility and ability to follow through on tasks? [**Accepts responsibility and follows through on tasks. (PROF2)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Assessed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Is consistently unreliable in completing patient care responsibilities or assigned administrative tasksShuns responsibilities expected of a physician professional | Completes most assigned tasks in a timely manner but may need reminders or other supportAccepts professional responsibility only when assigned or mandatory | Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policyCompletes assigned professional responsibilities without questioning or the need for reminders | Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective mannerWillingly assumes professional responsibility regardless of the situation | Role-models prioritizing many competing demands in order to complete tasks and responsibilities in a timely and effective mannerAssists others to improve their ability to prioritize many competing tasks |

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13. Which best reflects the fellow’s integrity and ethical behavior in professional conduct? [**Exhibits integrity and ethical behavior in professional conduct. (PROF4)]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Assessed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Dishonest in clinical interactions, documentation, research, or scholarly activityRefuses to be accountable for personal actionsDoes not adhere to basic ethical principlesBlatantly disregards formal policies or proceduresFails to recognize conflicts of interest | Honest in clinical interactions, documentation, research, and scholarly activityRequires oversight for professional actions related to the subspecialtyHas a basic understanding of ethical principles, formal policies, and procedures and does not intentionally disregard themRecognizes potential conflicts of interest | Honest and forthright in clinical interactions, documentation, research, and scholarly activityDemonstrates accountability for the care of patientsAdheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activityConsistently attempts to recognize and manage conflicts of interest | Demonstrates integrity, honesty, and accountability to patients, society, and the professionActively manages challenging ethical dilemmas and conflicts of interestIdentifies and responds appropriately to lapses of professional conduct among peer groupRegularly reflects on personal professional conductIdentifies and manages conflicts of interest | Assists others in adhering to ethical principles and behaviors, including integrity, honesty, and professional responsibilityRole-models integrity, honesty, accountability, and professional conduct in all aspects of professional lifeIdentifies and responds appropriately to lapses of professional conduct within the system in which he or she works |

|  |  |  |  |  |  |  |  |  |  |
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| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Interpersonal & Communication Skills (ICS1 & ICS2)**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Assessed | 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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| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

15. 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 Assessed | 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 |

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

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

|  |
| --- |
|  |

**Comments to be shared with fellow**

|  |
| --- |
|  |

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.