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)]**

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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 lung transplant patients and patients with advanced pulmonary diseases  Able 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 diseases  Able 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 diseases  Able 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 diseases  Able to tailor complex treatment plan and anticipate potential outcomes for lung transplant patients with medically uncommon, ambiguous, and complex diseases | | |
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**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)]**

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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 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, 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)]**

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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 for lung transplant recipients and patients with advanced pulmonary diseases? [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  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 work-up, diagnose and manage the following post-transplant complications? (modified from PC3-do not map for MedHub but for us to know)

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|  | 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)]**

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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  Inattentive to patient safety and comfort when performing procedures  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\* pulmonary procedures | Consistently demonstrates technical skill to successfully and safely perform and interpret procedures  Effectively 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 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

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).

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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 |  |  |  | |  |  | |  |  | |  |  | |  |
| 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)]**

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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 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 (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)]**

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| Not Observed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Refuses to recognize the contributions of other interprofessional team members  Frustrates team members with inefficiency and errors  Frequently 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 resources  Participates 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 ineffectively  Actively engages in team meetings and collaborative decision-making | Understands the roles and responsibilities of, and effectively partners with, all members of the team  Efficiently coordinates activities of other team members to optimize care | Develops, trains, and inspires the team regarding unexpected events or new patient management strategies  Viewed 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)]**

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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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**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)]**

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| Not Observed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Sacrifices patient needs in favor of self-interest  Does not demonstrate empathy, respect, compassion or responsiveness to patients’/caregivers’ needs  Does not consider patient privacy and autonomy | Inconsistently demonstrates empathy, respect, compassion to patients/caregivers  Inconsistently demonstrates responsiveness to patients’/caregivers’ needs  Inconsistently considers patient  privacy and autonomy | Consistently respectful in interactions even in challenging situations  Is available and responsive to needs and concerns of patients, caregivers, and members of the interprofessional team  Emphasizes patient privacy and autonomy in all interactions | Demonstrates empathy, respect, and compassion to patients/caregivers in all situations  Anticipates, advocates for, and actively works to meet the needs of patients/caregivers  Demonstrates a responsiveness to patient needs that supersedes self-interest  Positively 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 needs  Fosters collegiality that promotes a high-functioning interprofessional team  Teaches 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)]**

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| Not Observed | 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 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)]**

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| --- | --- | --- | --- | --- | --- |
| Not Observed | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  | Utilizes communication strategies that hamper collaboration and teamwork  Verbal and/or non-verbal behaviors disrupt effective collaboration with team members | Uses unidirectional communication that fails to utilize the wisdom of team members  Resists offers of collaborative input | Inconsistently engages in collaborative communication with appropriate members of the team  Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care | Consistently and actively engages in collaborative communication with all members of the team  Verbal, 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 |

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14. Which best describes the fellow’s utilization 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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15. What best reflects fellows overall clinical competence as a specialist in inpatient transplant medicine?

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| 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 |

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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)