Evaluation Form





MILESTONE- BASED FELL	OW EVALUA	TIC	NC							
Evaluator: Evaluation of: Date: This is a new milestone-based evaluat achieves some, but not all, of the com	 tion. To achieve a	leve	I, the fellow must :	satis	ofy ALL the compose button between I	oner	nts on a consistent bals. Please include co	asis mm	. If he/she ents.	
Updated from The Pediatric Milestone Assessment of the 21 competencies is For feedback on evaluation form, pleas pnina.weiss@yale.edu	divided among di	ffere	ent rotations and ev	/alu	ators.	, Ya	ale University, Pnina	We	iss:	
PATIENT CARE										
Please complete all questions										
Provides transfer of care that										N/A
ensures seamless transitions*	Demonstrates frequent errors and variability in the transfer of information		Uses a standard template but may have errors of omission		Adapts a standard template with minimal errors of omission and communicates potential issues for the transferee		Almost always effectively and accurately communicates information even in complex situations, adapting a standard template and ensuring open communication during handoff		Always effectively and accurately communicates information regardless of setting or complexity, adapting a standard template and demonstrates professional responsibility for ensuring effective handovers on the team	
										N/A
2. Makes informed diagnostic therapeutic decisions that result in optimal clinical judgment*	Does not develop an organized assessment of the diagnosis or a management plan		Recognizes potential diagnoses but has difficulty developing a unifying diagnosis and management plan		Develops a well- synthesized, focused differential diagnosis and management plan		Develops a unifying diagnosis, focused therapies, an effective and efficient diagnostic work-up and management plan tailored to the individual patient			
										N/A
3. Develops and carries out management plans*	Develops and carries out management plans based on directives from others without adjusting for patient/family preferences		Begins to formulate and carry out management plans in uncomplicated patients but rarely considers patient/family preferences		Develops and carries out management plans in uncomplicated patients, occasionally incorporating patient/family preferences		Efficiently develops and carries out management plans in most situations, incorporating patient/family preferences		Efficiently develops and carries out management plans, even for complicated or rare situations, incorporating	

systems, or populations (ie through national presentations or publications)

						N/A
8. Uses information technology to optimize learning and care delivery*	Uses electronic databases or medical record only with mandatory assignments and direct help	Can use electronic databases to answer clinical questions and the electronic medical record to document and obtain data	Efficiently uses information from electronic databases and medical record for clinical decision-making and for ongoing learning	In addition, seeks out new information technology to answer clinical questions and address knowledge gaps and to improve care for populations of patients	In addition, continuously seeks to improve current systems and develops new information technology for patient care and learning	
						N/A
9. Participates in the education, of patients, families, students, residents, and other health professionals*	Uses a scripted type of patient education and counseling that may not meet the needs of patients	Educates patients in a somewhat flexible way that begins to respond to their needs and checks for understanding when triggered by patient questioning	Modifies teaching to respond to the individual needs of patients and checks for understanding when cues suggest confusion	Educates and motivates patients by facilitating their participation in discussions and consistently checks for understanding	Skillfully educates and motivates patients to make healthy changes and does not leave patient encounters without ensuring their understanding	
INTERPERSONAL AND COMMUNIC	CATION SKILLS					
						N/A
10. Communicates effectively with physicians, other health professionals, and health related agencies*	Recites facts according to a given set of rules or scripts, often directly from a template or prompt, including excess detail	Adjusts communication to better fit the audience or context without a template or prompt, but may include excess detail	Effectively communicates information and tailors it to the audience and context in most situations	Distills complex cases into succinct summaries tailored to audience and context and deals effectively with difficult conversations	Is recognized as a highly effective public speaker and a role model for management of difficult conversations	
11 Works offsetively as a member or	_			_	_	N/A
11. Works effectively as a member or leader of a health care team or other professional group*	Has limited participation in team discussion and passively follows the lead of others on the team	Interacts with appropriate team members to accomplish assignments and actively works to integrate into team function to meet expectations	Is seen by others as an integral part of the team, sometimes offers feedback and suggestions for performance improvement to other team members and adapts and shifts roles and responsibilities as needed	Initiates problem-solving, takes on leadership roles, frequently provides feedback to other team members, and makes sure the job gets done	Creates a high- functioning team de novo or joins a poorly functioning team and facilitates improvement, such that team goals are met	
						N/A
12. Acts in a consultative role to other physicians and health professionals*	Presents the patients' history and physical exam and scribes recommendations in the medical record; has difficulty focusing data gathering and presentation to the details relevant to the question asked	Filters and prioritizes information to reach a focused diagnosis, specific recommendations and documentation; follows up on recommendations	Uses advanced knowledge and skills to develop focused, comprehensive recommendations that reflect best practice; develops relationships with referring providers	Identified as an expert who demonstrates advanced knowledge and vast experience with focused comprehensive recommendations that include the strength of the evidence on which they are based; consistently develops collaborative	Identified as a master clinician who effectively and efficiently lends a practical wisdom to consultation and makes clinical, educational, and/or research contributions to	

					relationships with referring providers	the field	
							N/A
13. Maintains comprehensive, timely, and legible medical records (additional competency outside 21 selected for reporting)*	Omits important data sections and/or includes unnecessary information; does not complete records in a timely fashion		Often omits important information or includes too many details; 'copy forwards' erroneous information in EHR; updates the problem list; usually completes records in a timely manner but they often require editing	Completes medical records accurately and comprehensively; identifies and corrects errors in the medical record and does not 'copy forward' errors in the EHR; completes records in a timely fashion	In addition, synthesizes key information in a succinct manner; begins to develop standard template to ensure that documentation is complete; regularly participates in chart audits	In addition, uses expertise to improve documentation systems to drive better patient care outcomes and works to disseminate best practices	
PROFESSIONALISM/PERSONAL &	PROFESSIONAL	. DE	/ELOPMENT				
							N/A
14. Demonstrates high standards of ethical behavior which includes maintaining appropriate professional boundaries*	Has repeated lapses in professional conduct and often does not meet responsibility to patient, peers and/or the program		Has lapses in professional conduct when stressed or fatigued	Almost always conducts interactions with a professional mindset, sense of duty and accountability	Demonstrates an in depth understanding of professionalism and helps other team members and colleagues with issues of professionalism	Maintains high ethical standards across settings and circumstances and is regarded as a role model of professional conduct	
							N/A
15. Demonstrates trustworthiness that makes colleagues feel secure when one is responsible for the care of patients*	Has knowledge gaps and demonstrates lapses in datagathering or followthrough of tasks, sometimes omitting important data		Has gaps in knowledge but does not always seek help when confronted with limitations and demonstrates lapses in follow-through with tasks	Has some gaps in knowledge, but seeks help when appropriate, demonstrates complete datagathering considering anticipated patient care needs and high risk conditions, and follows through with tasks	Has competent level of knowledge, anticipates problems, demonstrates vigilance in all aspects of management, pursues answers to questions and is transparent about limits of knowledge	In addition, rigorously searches for answers, reviews information in an ongoing manner and may seek the help of a consultant in addition to primary source literature	
							N/A
16. Provides leadership that enhances team functioning, the learning environment and/or health care system/environment with the ultimate intent of improving care of patients*	Does not organize team members, define expectations or their roles or involve them in decision-making		Occasionally organizes team members and involves them in decision-making but does not explicitly specify expectations or their roles	Organizes the team members, involves them in decision-making and provides some explicit definition of expectations and their roles	Organizes the team members fairly efficiently, expects them to engage in decision-making and routinely clarifies roles and expectations	Always organizes the team members efficiently, inspires them to perform, empowers them to take ownership in care, and relies on consensus building to make decisions	
							N/A
17. Recognizes that ambiguity is part of clinical medicine and respond by							

utilizing appropriate resources in dealing with uncertainty*	Uses self or easily available resources to deal with uncertainty and prescribes plans to patients without taking into account their goals or understanding	Uses statistics and rules to quantify risk, transfers all information to patients regardless of their ability to manage information and prescribes plans with little consideration of their goals	Seeks additional resources to deal with uncertainty and prescribes plans to patients with occasional consideration of their goals	Uses uncertainty as motivation to seek more information, incorporates patients goals into plans, and openly expresses uncertainty to them	Serves as a resource to share information with patients in an ongoing manner, emphasizes patient control of choices, and openly discusses that all plans are subject to uncertainty	
SYSTEM-BASED PRACTICE						
						N/A
18. Works effectively in various health care delivery settings and systems relevant to their clinical specialty*	Expresses frustration with the systems' suboptimal processes but cannot identify the root cause to effect change	Develops 'work arounds' when faced with a system challenge	Recognizes the need to change systems rather than develop 'work arounds' and can activate the system to do it in a specific setting	Effects or stimulates improvements in a system when the need arises in multiple settings	Leads systems changes as part of the routine care delivery process in all settings	
						N/A
19. Coordinates patient care within the health system relevant to the clinical specialty*	Does not involve patients in developing the care plan or provide written care plans; does not communicate with team members/consultants; is not involved in the transition of care between settings	Involves patients in medical decision-making in a limited way; occasionally provides written care plans; sometimes communicates with team members/consultants; is inconsistently involved in the transition of care between settings	Frequently involves patients in medical decision-making and provides thorough written care plans; has good communication with team members/consultants; consistently discusses results and recommendations with patients; is routinely involved in the transition of care between settings	Develops goals and makes decisions jointly with patients; routinely provides thorough written care plans; facilitates care through consultation and testing and helps patients to interpret and act on results/recommendations; coordinates seamless transitions of care between settings		
						N/A
20. Incorporates considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate*	Does not incorporate cost issues or risk-benefit analysis in the management of patients	Uses externally provided information (e.g. prescribing information, test ordering patterns or research around a treatment) to inform cost-containing action and/or preliminary risk-benefit analysis	Critically appraises information available on an evaluation test or treatment to allow optimization of cost issues and riskbenefit for an individual patient	Critically appraises information in the context of not only the individual patient but also the broader population/system in making cost and/or risk-benefit decisions	Consistently integrates cost analysis into one's practice while minimizing risk and optimizing benefits for whole systems or populations	
						N/A
21. Works in inter-professional teams to enhance patient safety and improve patient care quality*	Seeks answers and responds to input only from physicians	Accepts input from non-physician professionals on the team but does not usually seek them out	Demonstrates awareness of the contributions of other health care professionals, seeks their input and is an	Serves as a role model for others in interdisciplinary work and is an excellent team leader		

				excellent team player			
							N,
22. Participates in identifying system errors and implementing potential system solutions*	Does not identify or act to correct individual or systems error		Identifies medical error events and demonstrates some awareness of personal responsibility for correction	Actively identifies and begins to analyze medical error events and often acknowledges personal responsibility for correcting them	Actively identifies and analyzes medical error events, beginning to seek system causes, and routinely accepts personal responsibility for correcting them	Routinely identifies and analyzes error events with a system solution methodology and is actively engaged with teams and processes to prevent medical error	
23. Comments (please include examples)					<u> </u>		
	No	Yes					
24. Did you give verbal feedback to the fellow?*							