

Learner Summary Report

Learner: Alex Liu

Program: Internal Medicine

Learning Plan Version: CBME v1.0

Level: PGY1

Academic Coach:

Date Range: October 15, 2019 - Current

Stage 2 - Foundations of Discipline

Duration of Stage: October 15, 2019 - Current

Stage Progress: 78%

Stage Status: In Progress

EPA 1. INITIAL ASSESSMENTS - Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings

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| Form | Completion | Attempts | Breakdown | | |  | |  |  |  | Status |
| RC - FORM 1 | 100% | 15 |  | 0 | 0 | 1 | | 3 | 11 |  | Ready for Review |
| Milestone | | | | | | | Attempts Breakdown | | | | |
| COMMUNICATOR 4.3 Answer questions from the patient and family about next steps | | | | | | | Not Observed - 6 , In Progress - 0 , Achieved - 7 | | | | |
| MEDICAL EXPERT 1.3 Apply clinical and biomedical sciences to manage core patient presentations in Internal Medicine | | | | | | | Not Observed - 0 , In Progress - 3 , Achieved - 11 | | | | |
| COMMUNICATOR 3.1 Communicate the diagnosis, prognosis and/or plan of care in a clear, compassionate, respectful and accurate manner | | | | | | | Not Observed - 5 , In Progress - 1 , Achieved - 8 | | | | |
| MEDICAL EXPERT 2.2 Complete patient admission as appropriate | | | | | | | Not Observed - 1 , In Progress - 0 , Achieved - 13 | | | | |
| MEDICAL EXPERT 3.3 Consider urgency, and potential for deterioration, in advocating for the timely execution of a procedure or therapy | | | | | | | Not Observed - 3 , In Progress - 2 , Achieved - 9 | | | | |
| MEDICAL EXPERT 1.1 Demonstrate compassion for patients | | | | | | | Not Observed - 4 , In Progress - 0 , Achieved - 10 | | | | |
| MEDICAL EXPERT 3.1 Describe to patients common procedures or therapies for common conditions in Internal Medicine | | | | | | | Not Observed - 7 , In Progress - 0 , Achieved - 7 | | | | |
| MEDICAL EXPERT 2.4 Develop and implement initial management plans for common internal medicine presentations | | | | | | | Not Observed - 0 , In Progress - 3 , Achieved - 11 | | | | |
| COMMUNICATOR 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions | | | | | | | Not Observed - 1 , In Progress - 0 , Achieved - 13 | | | | |
| MEDICAL EXPERT 2.2 Generate differential diagnoses along with appropriate diagnostic strategies | | | | | | | Not Observed - 0 , In Progress - 3 , Achieved - 11 | | | | |
| COLLABORATOR 3.1 Identify patients requiring handover to other physicians or health care professionals | | | | | | | Not Observed - 7 , In Progress - 0 , Achieved - 7 | | | | |
| MEDICAL EXPERT 2.1 Iteratively establish priorities as the patient's situation evolves | | | | | | | Not Observed - 7 , In Progress - 2 , Achieved - 5 | | | | |
| MEDICAL EXPERT 3.2 Obtain informed consent for commonly performed procedures and therapies | | | | | | | Not Observed - 8 , In Progress - 0 , Achieved - 5 | | | | |
| MEDICAL EXPERT 1.4 Perform complete and appropriate assessments of patients with common | | | | | | |  | | | | |
| acute medical presentations | | | | | | | Not Observed - 2 , In Progress - 1 , Achieved - 11 | | | | |
| COLLABORATOR 1.1 Receive and appropriately respond to input from other health care professionals | | | | | | | Not Observed - 8 , In Progress - 0 , Achieved - 5 | | | | |
| MEDICAL EXPERT 1.4 Recognize urgent problems that may need the involvement of more experienced physicians and seek their assistance | | | | | | | Not Observed - 7 , In Progress - 0 , Achieved - 6 | | | | |
| MEDICAL EXPERT 3.4 Seek assistance, as needed, when unanticipated findings or changing clinical circumstances are encountered | | | | | | | Not Observed - 8 , In Progress - 0 , Achieved - 6 | | | | |
| Comments | | | | | | | | | | | |
| Very competent assessment and excellent presentation of the case | | | | | | | | | | | |
| in patient consult for rapid SVT requiring adenosine | | | | | | | | | | | |
| Fantastic approach to bread and butter internal medicine case. Was thorough and provided objective and subjective data points to establish most likely differential and initiate treatment. | | | | | | | | | | | |
| Dr. Liu admitted a patient who had R leg cellulitis secondary to skin breakdown from heart failure. Her antibiotic choice was appropriate. I had to prompt her to hold the patient's diuretics initially during the admission as the patient was hypotensive on presentation. | | | | | | | | | | | |

EPA 2. ONGOING MANAGEMENT - Managing patients admitted to acute care settings with common medical problems and advancing their care plans

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| Form | Completion | Attempts | Breakdown | Status |
|  | 85% |  |  | In Progress |

EPA 2. ONGOING MANAGEMENT - Part A - Patient Assessment and Management - Managing patients admitted to acute care settings with common medical problems and advancing their care plans

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| Form | Completion | Attempts | Breakdown | | |  | |  |  |  | Status |  |
| RC - FORM 1 | 55% | 7 |  | 0 | 0 | 1 | | 2 | 4 |  |  | In Progress |
| Milestone | | | | | | | Attempts Breakdown | | | | | |
| MEDICAL EXPERT 2.4 Adapt the management plans to the clinical course | | | | | | | Not Observed - 0 , In Progress - 2 , Achieved - 4 | | | | | |
| MEDICAL EXPERT 1.3 Apply clinical and biomedical sciences to manage common patient presentations in Internal Medicine | | | | | | | Not Observed - 0 , In Progress - 2 , Achieved - 5 | | | | | |
| MEDICAL EXPERT 1.1 Demonstrate compassion for patients | | | | | | | Not Observed - 0 , In Progress - 1 , Achieved - 6 | | | | | |
| COMMUNICATOR 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions | | | | | | | Not Observed - 0 , In Progress - 1 , Achieved - 5 | | | | | |
| MEDICAL EXPERT 4.1 Ensure follow-up on results of investigation and response to treatment | | | | | | | Not Observed - 1 , In Progress - 0 , Achieved - 6 | | | | | |
| MEDICAL EXPERT 4.1 Monitor patients for complications, response to therapy, and evolution of the clinical course | | | | | | | Not Observed - 0 , In Progress - 2 , Achieved - 5 | | | | | |
| MEDICAL EXPERT 1.4 Perform appropriate clinical assessments throughout the course of a patient illness | | | | | | | Not Observed - 0 , In Progress - 2 , Achieved - 5 | | | | | |
| MEDICAL EXPERT 3.4 Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered | | | | | | | Not Observed - 1 , In Progress - 0 , Achieved - 6 | | | | | |
| Comments | | | | | | | | | | | | |
| Well organized and excellent management. | | | | | | | | | | | | |
| Excellent performance, showed clinical experience above her level as R1 | | | | | | | | | | | | |
| Excellent and well done in the case management | | | | | | | | | | | | |
| Alex is confident about her work and showing good progress | | | | | | | | | | | | |
| Good history and assessment of patient with peripheral edema. Continue to think of broader differential for etiology and work up. In Cancer patient do not forget about long term effects of chemotherapy. Good management plan re: diuretic therapy. | | | | | | | | | | | | |
| Alex needs to take more initiative and leadership in her clinical assessments. She often needs prompting about what to do for patient care. She has great clinical knowledge but needs to apply that into clinical practice. | | | | | | | | | | | | |

EPA 2. ONGOING MANAGEMENT - Part B - Communication with Patient/Family - Managing patients admitted to acute care settings with common medical problems and advancing their care plans

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| Form | Completion | Attempts | Breakdown | | |  | |  |  |  | Status |
| RC - FORM 1 | 100% | 3 |  | 0 | 0 | 0 | | 1 | 2 |  | Ready for Review |
| Milestone | | | | | | | Attempts Breakdown | | | | |
| COMMUNICATOR 4.3 Answer questions from the patient and family about next steps | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 3 | | | | |
| COMMUNICATOR 4.1 Explore the perspectives of the patient and others when developing care plans | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 2 | | | | |
| COMMUNICATOR 3.1 Provide information on the results of clinical assessments, diagnostic testing, and treatment plans | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 3 | | | | |
| COMMUNICATOR 2.3 Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 2 | | | | |
| COMMUNICATOR 3.1 Use strategies to verify and validate the understanding of the patient and family | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 2 | | | | |
| MEDICAL EXPERT 2.3 Work with patients and their families to understand relevant options for care | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 2 | | | | |
| Comments | | | | | | | | | | | |
| Good discussion with patient and family about pain control options | | | | | | | | | | | |
| Excellent job communicating with difficult family and answering questions and concerns | | | | | | | | | | | |
| Excellent communication skills and promoted health education for the patient and his family | | | | | | | | | | | |

EPA 2. ONGOING MANAGEMENT - Part C - Handover - Managing patients admitted to acute care settings with common medical problems and advancing their care plans

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| Form | Completion | Attempts | Breakdown | | |  | |  |  |  | Status |
| RC - FORM 1 | 100% | 3 |  | 0 | 0 | 0 | | 0 | 3 |  | Ready for Review |
| Milestone | | | | | | | Attempts Breakdown | | | | |
| COLLABORATOR 3.2 Communicate with the receiving physician(s) or health care professional during transitions in care, clarifying issues as needed | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 3 | | | | |
| COLLABORATOR 3.1 Identify patients requiring handover to other physicians or health care professionals | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 3 | | | | |
| COLLABORATOR 3.2 Provide anticipatory guidance for results of outstanding investigations and/or next steps for management | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 3 | | | | |
| COLLABORATOR 3.2 Summarize the patient's issues, including plans to deal with ongoing issues | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 3 | | | | |
| Comments | | | | | | | | | | | |
| Progressing very well and competent. Keep hard working. Her level is above R1. | | | | | | | | | | | |
| Very clear and concise handover. Excellent Resident, above her level as R1. | | | | | | | | | | | |

EPA 3. CONSULTING OTHERS - Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan

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| Form | Completion | Attempts | Breakdown | | |  | |  |  |  | Status |
| RC - FORM 1 | 100% | 6 |  | 0 | 0 | 1 | | 0 | 5 |  | Ready for Review |
| Milestone | | | | | | | Attempts Breakdown | | | | |
| COLLABORATOR 1.2 Apply knowledge of the roles and scopes of practice of other health care professionals for optimal patient care | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 6 | | | | |
| MEDICAL EXPERT 4.1 Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved | | | | | | | Not Observed - 0 , In Progress - 1 , Achieved – 5 | | | | |
| MEDICAL EXPERT 4.1 Develop and prioritize well defined questions to be addressed with a consultant or other health care professional | | | | | | | Not Observed - 0 , In Progress - 1 , Achieved – 5 | | | | |
| MEDICAL EXPERT 4.1 Ensure follow-up on the results of consultation requests and/or recommendations | | | | | | | Not Observed - 0 , In Progress - 1 , Achieved – 5 | | | | |
| MEDICAL EXPERT 2.4 Incorporate consultant recommendations into diagnostic and treatment plans | | | | | | | Not Observed - 0 , In Progress - 1 , Achieved – 5 | | | | |
| MEDICAL EXPERT 1.6 Recognize limits in abilities and scope of practice, and consult specialists and/or other health care professionals when needed | | | | | | | Not Observed - 0 , In Progress - 1 , Achieved – 5 | | | | |
| Comments | | | | | | | | | | | |
| High proficiency in consulting other services with appropriate handover and clinics question | | | | | | | | | | | |
| Excellent performance and competent. | | | | | | | | | | | |
| Very Organized and has excellent analytical skills in managing emergency case, well done. | | | | | | | | | | | |
| Competitive resident. Showing good achievement as R 1 resident | | | | | | | | | | | |
| I needed to make Alex aware of the laboratory results and their possible clinical significance. Had not mentioned something, this lab work might have gone unnoticed. I would work on going through patient results and their clinical relevance. | | | | | | | | | | | |

EPA 4. DISCHARGE - Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings

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| Form | Completion | Attempts | Breakdown | Status |
|  | 100% |  |  | Ready for Review |

EPA 4. DISCHARGE - Part A - Discharge plan documentation - Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings

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| Form | Completion | Attempts | Breakdown | | |  | |  |  |  | Status |
| RC - FORM 1 | 100% | 5 |  | 0 | 0 | 0 | | 1 | 4 |  | Ready for Review |
| Milestone | | | | | | | Attempts Breakdown | | | | |
| COMMUNICATOR 5.1 Document the admission to adequately convey clinical course and the rationale for decisions | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 4 | | | | |
| MEDICAL EXPERT 2.4 Generate discharge plans that address patient's therapeutic needs, disease and treatment monitoring needs, and relevant risk factor reduction | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 4 | | | | |
| COLLABORATOR 1.3 Integrate the patients' perspective and context into the collaborative care plan | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 4 | | | | |
| MEDICAL EXPERT 5.2 Reconcile current and prior medication lists to enhance patient safety | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 4 | | | | |
| COLLABORATOR 3.2 Summarize the patient's issues, including plans to deal with ongoing issues | | | | | | | Not Observed - 0 , In Progress - 1 , Achieved – 4 | | | | |
| MEDICAL EXPERT 2.2 Synthesize patient information to anticipate complications and challenges for patients transitioning away from the acute care setting | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 4 | | | | |
| Comments | | | | | | | | | | | |
| good documentation. essential information documented. | | | | | | | | | | | |

EPA 4. DISCHARGE - Part B - Discharge plan communication - Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings

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| Form | Completion | Attempts | Breakdown | | |  | |  |  |  | Status |
| RC - FORM 1 | 100% | 2 |  | 0 | 0 | 0 | | 0 | 2 |  | Ready for Review |
| Milestone | | | | | | | Attempts Breakdown | | | | |
| COMMUNICATOR 4.3 Answer questions from the patient and family about next steps | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 2 | | | | |
| COMMUNICATOR 4.3 Avoid the use of medical jargon and technical terminology | | | | | | | Not Observed - 1 , In Progress - 0 , Achieved – 1 | | | | |
| COMMUNICATOR 3.1 Provide information to patients and caregivers regarding the discharge plan | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 2 | | | | |
| COMMUNICATOR 3.1 Use strategies to verify and validate the understanding of the patient and family | | | | | | | Not Observed - 1 , In Progress - 0 , Achieved – 1 | | | | |
| HEALTH ADVOCATE 1.3 Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection | | | | | | | Not Observed - 1 , In Progress - 0 , Achieved – 1 | | | | |
| Comments | | | | | | | | | | | |
| There are no comments available. | | | | | | | | | | | |

EPA 5. UNSTABLE PATIENTS - Assessing unstable patients, providing targeted treatment and consulting as needed

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| Form | Completion | Attempts | Breakdown | | |  | |  |  |  | Status |  |
| RC - FORM 1 | 62% | 9 |  | 0 | 0 | 0 | | 2 | 7 |  |  | In Progress |
| Milestone | | | | | | | Attempts Breakdown | | | | | |
| MEDICAL EXPERT 2.1 Address primary priorities of resuscitation (Airway, Breathing, Circulation) | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 8 | | | | | |
| COLLABORATOR 3.2 Communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues as needed | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 7 | | | | | |
| MEDICAL EXPERT 2.2 Develop a specific differential diagnosis relevant to the patient's presentation | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 7 | | | | | |
| MEDICAL EXPERT 2.4 Develop and implement preliminary treatment strategies for patients with unstable medical conditions | | | | | | | Not Observed - 0 , In Progress - 1 , Achieved – 8 | | | | | |
| COMMUNICATOR 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 7 | | | | | |
| MEDICAL EXPERT 4.1 Identify the necessity and urgency of referral for advanced care | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 6 | | | | | |
| MEDICAL EXPERT 2.2 Perform a focused clinical assessment of a patient with an unstable medical condition | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 7 | | | | | |
| MEDICAL EXPERT 2.1 Recognize medical instability in patients with acute medical conditions | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 8 | | | | | |
| Comments | | | | | | | | | | | | |
| Identified important decline in status with food plan | | | | | | | | | | | | |
| Alex was responsible for admitting an individual with DKA with quite profound alterations in their lab work. She aided in fluid resuscitation, and frequent monitoring of labs and made appropriate alterations in fluid choices/insulin infusion rate throughout the night. I had to be there just in case, to discuss fluid choices and rates. | | | | | | | | | | | | |
| Alex was able to successfully implement the ACLS algorithm in the management of a simulation case of PEA arrest. She quickly identified the acuity of the situation and prioritized the ABC's. While the nature of the simulation required him to manage the case from start to finish without help, she did appropriately solicit input from his other team members throughout the simulation. | | | | | | | | | | | | |
| Well done in the management of the case. She was able to collect information in an appropriate way and presenting it a clear and efficient manner. She has confidence and was able to decide on the next management plan. She could list a differential diagnosis and reach the diagnosis in this case. | | | | | | | | | | | | |
| Excellent. She was able to do the initial resuscitation for such critical case. was up to date in the new management guideline of septic shock. She thrived in the critical care environment and performed above expectation for her level of training | | | | | | | | | | | | |
| Very knowledgeable and practice evidence-based medicine, showed excellent clinical maturity | | | | | | | | | | | | |
| Excellent and well done in all the management part of the case | | | | | | | | | | | | |
| Very good management of a patient with hypertension and uncontrolled atrial fibrillation | | | | | | | | | | | | |

EPA 6. GOALS OF CARE - Discussing and establishing patients' goals of care

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| Form | Completion | Attempts | Breakdown | | |  | |  |  |  | Status |
| RC - FORM 1 | 100% | 3 |  | 0 | 0 | 0 | | 0 | 3 |  | Ready for Review |
| Milestone | | | | | | | Attempts Breakdown | | | | |
| PROFESSIONAL 3.1 Adhere to institutional policies and procedures relevant to advance directives and goals of care | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 3 | | | | |
| MEDICAL EXPERT 2.3 Discuss and clarify previously established advanced directives and goals or care | | | | | | | Not Observed - 1 , In Progress - 0 , Achieved – 2 | | | | |
| MEDICAL EXPERT 2.4 Discuss with the patient and family the degree of uncertainty inherent in all clinical situations | | | | | | | Not Observed - 1 , In Progress - 0 , Achieved – 2 | | | | |
| COMMUNICATOR 5.1 Document information about patients and their medical conditions in a manner than enhances intra- and interprofessional care | | | | | | | Not Observed - 0 , In Progress - 0 , Achieved – 3 | | | | |
| COMMUNICATOR 1.6 Identify patients who lack decision-making capacity and seek out their substitute decision maker | | | | | | | Not Observed - 1 , In Progress - 0 , Achieved – 2 | | | | |
| COMMUNICATOR 1.4 Identify, verify and validate non-verbal cues | | | | | | | Not Observed - 2 , In Progress - 0 , Achieved – 1 | | | | |
| COMMUNICATOR 1.2 Optimize the physical environment for patient comfort, privacy, engagement and safety | | | | | | | Not Observed - 2 , In Progress - 0 , Achieved – 1 | | | | |
| Comments | | | | | | | | | | | |
| There are no comments available. | | | | | | | | | | | |

EPA 7. PERSONAL LEARNING NEEDS - Identifying personal learning needs while caring for patients, and addressing those needs

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| Form | Completion | Attempts | Breakdown | | |  | |  |  |  | Status |
| RC - FORM 4 | 0% | 0 |  | 0 | 0 | 0 | | 0 | 0 |  | Pending |
| Milestone | | | | | | | Attempts Breakdown | | | | |
| SCHOLAR 1.1 Create a plan to address identified learning needs | | | | | | |  | | | | |
| PROFESSIONAL 2.1 Demonstrate a commitment to improving one's own performance | | | | | | |  | | | | |
| SCHOLAR 3.1 Generate focused questions that address practice uncertainty and knowledge gaps | | | | | | |  | | | | |
| SCHOLAR 1.2 Identify learning needs that arise in daily work | | | | | | |  | | | | |
| SCHOLAR 3.4 Integrate the evidence into a solution for the identified learning need | | | | | | |  | | | | |
| SCHOLAR 3.3 Interpret the evidence, including a critique of the relevance to practice | | | | | | |  | | | | |
| SCHOLAR 3.2 Select appropriate sources of evidence for a given practice-related question | | | | | | |  | | | | |

Comments

There are no comments available.

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| Narrative Comments |
| There are no comments available. |

ITER - Internal Medicine - Ambulatory CTU, Internal Medicine (v. July 2019)

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|  | Incomplete 1 | Unsatisfactory 2 | | Provisional Satisfactory 3 | | | | Satisfactory 4 | |
| Score | 0 | 0 | | 0 | | | | 2 | |
| Activity | | | Period | | Source | Created By | Evaluator | | Status |
| Ambulatory CTU-McMaster University Medical  Centre | | | Feb 11, 2020 - Mar 09,  2020 | | Scheduled | Vannatterhead,  Howe | Smith, Anita  Mar 05, 2020 | | Completed |
| Ambulatory CTU-McMaster University Medical  Centre | | | Feb 11, 2020 - Mar 09,  2020 | | Scheduled | Vannatterhead,  Howe | Simpson, Ken  Apr 15, 2020 | | Completed |
| Comments | | | | | | | | | |
| Continue to work on organized and succinct verbal case presentations, taking into account pertinent positives and delivering confident differential diagnoses and clear management plans. Continue to work on time management and efficiency in clinic. | | | | | | | | | |
| Alex has good knowledge base and understanding of pathophysiology of medical conditions when probed for answers. However, this is not often evidenced in verbal case presentations. Her dictated notes, on the other hand, reflect a clear understanding of the question asked of the consultant and a fairly concise summary of recommendations (taking into account changes/suggestions from MRP) is provided. Alex should continue to work on communication tips offered in clinic and written below in formative section. Otherwise, good collaborative skills and overall professional resident. | | | | | | | | | |

ITER - Internal Medicine - CTU Junior Medical Resident/ Team D/ General Internal Medicine (v.July 2019)

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|  | Incomplete 1 | | Unsatisfactory 2 | | Provisional Satisfactory 3 | | | Satisfactory 4 | |
| Score | 0 | | 0 | | 0 | | | 2 | |
| Activity | | Period | | Source | | Created By | Evaluator | | Status |
| CTU Medicine Team D - JMR-Juravinski  Hospital | | Jan 14, 2020 - Feb 10,  2020 | | Scheduled | | Kite, Cole | Kiteo, Craig  Jan 31, 2020 | | Completed |
| CTU Medicine Team D - JMR-Juravinski  Hospital | | Jan 14, 2020 - Feb 10,  2020 | | On-Demand | | Alex Liu  Feb 11, 2020 | Toche, Marian  Mar 08, 2020 | | Completed |
| Comments | | | | | | | | | |
| Alex was functioning at the level of a JMR during her Team D weeks with me. She is eager to learn and takes good care of her patients. I feel with time and practice she can learn to become more efficient and see a greater amount of patients in a day. His initial assessments and work-ups from the ER were good. He is very pleasant and forms good rapport with his patients. | | | | | | | | | |
| i worked with Alex only one day before rotation change and we had no staff Junior to her with explains the multiple N/A area | | | | | | | | | |
| keep on reading around complex case to improve knowledge | | | | | | | | | |
| On the first hand only day we had on the rotation , she was really helpful and presenting an accurate and concise management plan for the patient on the team | | | | | | | | | |

ITER - Internal Medicine - CTU Medicine Jr Med Resident, General Internal Medicine

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|  | Incomplete 1 | Unsatisfactory 2 | | Provisional Satisfactory 3 | | | | Satisfactory 4 | |
| Score | 0 | 0 | | 0 | | | | 0 | |
| Activity | | | Period | | Source | Created By | Evaluator | | Status |
| CTU Medicine Jr Med Resident-St. Joseph's Hospital  Hamilton | | | Jul 01, 2019 - Jul 29,  2019 | | Scheduled | Wands, Bill | Goode, Dr.  Aug 10, 2019 | | Completed |
| Comments | | | | | | | | | |
| Strong performance on CTU. Safe and reliable with good clinical judgement | | | | | | | | | |

ITER - Internal Medicine - CTU Medicine Jr Med Resident, General Internal Medicine (v.

July 2019)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Incomplete 1 | Unsatisfactory 2 | | Provisional Satisfactory 3 | | | | Satisfactory 4 | |
| Score | 0 | 0 | | 0 | | | | 2 | |
| Activity | | | Period | | Source | Created By | Evaluator | | Status |
| CTU Medicine Jr Med Resident-St. Joseph's Hospital  Hamilton | | | Jul 01, 2019 - Jul 29,  2019 | | Scheduled | Wands, Bill | Chew, Jay  Aug 28, 2019 | | Completed |
| CTU Medicine Jr Med Resident-St. Joseph's Hospital  Hamilton | | | Jul 30, 2019 - Aug 26,  2019 | | Scheduled | Wands, Bill | Goal, Personal  Sep 16, 2019 | | Completed |
| Comments | | | | | | | | | |
| Excellent job on the CTU overall. Alex was responsible, professional, and reliable. She has a very good knowledge base that is above that of her peers. She makes good decisions when it comes to managing patients. She is able to communicate with patients and their families effectively. A job well done! | | | | | | | | | |
| Strong performance on CTU. Hard working, engaged, and curious. Good clinical judgment and decision-making. Great attitude. | | | | | | | | | |

ITER - Internal Medicine - GIM Community, General Internal Medicine

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Incomplete 1 | | Unsatisfactory 2 | | | Provisional Satisfactory 3 | | Satisfactory 4 | |
| Score | 0 | | 0 | | | 2 | | 5 | |
| Activity | | Period | | Source | Created By | | Evaluator | | Status |
| GIM Community-  International | | Nov 12, 2019 - Dec 09,  2019 | | Scheduled | K4y\_HD, Admin  Jan 10, 2020 | | Avery Simms, Serpio, Mohammed  Jan 17, 2020 | | Completed |
| GIM Community-  International | | Dec 10, 2019 - Jan 13,  2020 | | Scheduled | K4y\_HD, Admin  Jan 10, 2020 | | Avery Simms, Serpio, Mohammed  Jan 17, 2020 | | Completed |
| GIM Community-  International | | Nov 12, 2019 - Dec 09,  2019 | | Scheduled | K4y\_HD, Admin  Jan 16, 2020 | | Massif, Bull, Ali, Sera  Jan 26, 2020 | | Completed |
| GIM Community-  International | | Nov 12, 2019 - Dec 09,  2019 | | Scheduled | K4y\_HD, Admin  Jan 16, 2020 | | Massif, Bull, Smith, John  Jan 25, 2020 | | Completed |
| GIM Community-  International | | Dec 10, 2019 - Jan 13,  2020 | | Scheduled | K4y\_HD, Admin  Jan 16, 2020 | | Massif, Bull, Ali, Sera  Jan 26, 2020 | | Completed |
| GIM Community-  International | | Dec 10, 2019 - Jan 13,  2020 | | Scheduled | K4y\_HD, Admin  Jan 16, 2020 | | Alsome, Jerome, Mohammed, Jo  Jan 21, 2020 | | Completed |
| GIM Community-  International | | Dec 10, 2019 - Jan 13,  2020 | | Scheduled | K4y\_HD, Admin  Jan 16, 2020 | | America, US, Jerib, Abdullah  Feb 09, 2020 | | Completed |
| Comments | | | | | | | | | |
| In learning process. Keep hard work and self motivation. | | | | | | | | | |
| Keep it up Alex. | | | | | | | | | |
| Alex showed good performance in her profession. She is passionate to learn subjects in her field. She is reactive and always updated in her knowledge | | | | | | | | | |
| Get more attention into article analysis by the method of critical appraisal. Need to get used to it | | | | | | | | | |
| International | | | | | | | | | |
| Dr Lui is excellent team player and showed extreme dedications towards the patients. She display remarkable maturity and clinical judgment | | | | | | | | | |
| continue hard working | | | | | | | | | |
| Looking always for new articles updates. | | | | | | | | | |
| Neesa\\ds to master critical appraisal and get more attention into it | | | | | | | | | |
| International | | | | | | | | | |
| Dr Liu is excellent resident , with outstanding medical knowledge , well trained and very respectful . She showed clinical maturity | | | | | | | | | |
| demonstrated professionalism , interest, and knowledge during the rotation . The team enjoyed her attitude to hard work up and eagerness to learn. She is well organized and works very well with others and puts in effort as self leaner. She is diligent and punctual . Though she as some social circumstances but she was able to maintain an excellent level. | | | | | | | | | |

ITER - Internal Medicine - Gastroenterology (PGY1-3)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Incomplete 1 | Unsatisfactory 2 | | | Provisional Satisfactory 3 | | | Satisfactory 4 | |
| Score | 0 | 0 | | | 0 | | | 4 | |
| Activity | | | Period | Source | | Created By | Evaluator | | Status |
| Gastroenterology-St. Joseph's Hospital  Hamilton | | | Sep 24, 2019 - Oct 21,  2019 | On-Demand | | Liu, Alex  Oct 15, 2019 | Span, George  Nov 03, 2019 | | Completed |
| Gastroenterology-St. Joseph's Hospital  Hamilton | | | Sep 24, 2019 - Oct 21,  2019 | Scheduled | | Span, George | Tate, Keith  Oct 29, 2019 | | Completed |
| Gastroenterology-St. Joseph's Hospital  Hamilton | | | Sep 24, 2019 - Oct 21,  2019 | Scheduled | | Span, George | John, Suban  Nov 21, 2019 | | Completed |
| Gastroenterology-St. Joseph's Hospital  Hamilton | | | Sep 24, 2019 - Oct 21,  2019 | Scheduled | | Span, George | Merger, Jen  Nov 01, 2019 | | Completed |
| Comments | | | | | | | | | |
| Excellent physical examination skills and senior level evaluation of patients. Patient and thorough. A real asset to our on service team. | | | | | | | | | |
| A valuable participant in team managing GI inpts | | | | | | | | | |
| Readily took on new work. Participated in discussions | | | | | | | | | |
| Worked hard. Very responsible Obtained input from other team members | | | | | | | | | |

ITER - Internal Medicine - Respirology V2

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Incomplete 1 | Unsatisfactory 2 | | | Provisional Satisfactory 3 | | | Satisfactory 4 | |
| Score | 0 | 0 | | | 0 | | | 2 | |
| Activity | | | Period | Source | | Created By | Evaluator | | Status |
| Respirology-St. Joseph's Hospital Hamilton | | | Aug 27, 2019 - Sep 23, 2019 | Scheduled | | Smith, Susie  Oct 10, 2019 | Tox, Gerry  Nov 23, 2019 | | Completed |
| Respirology-St. Joseph's Hospital Hamilton | | | Aug 27, 2019 - Sep 23, 2019 | Scheduled | | Smith, Susie  Oct 10, 2019 | Colb, Mark  Oct 23, 2019 | | Completed |
| Comments | | | | | | | | | |
| presentation of information not always systematic and easy to follow, | | | | | | | | | |
| could read more thoroughly and more widely - might be good to prepare a presentation for rounds - to look into some areas in depth - and receive feedback on how well you master the topic. | | | | | | | | | |
| Alex did very well during the respirology service. She is very proactive in seeking learning opportunities. Very well developed clinical skills and knowledge base. | | | | | | | | | |

Activities

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Activity | N/A | I had to do | I had to talk them through | I needed to prompt | I needed to be there just in case | I didn't need to be there |
|  |  |  | T | here are no activities available. | |  |

Event Attendance

|  |  |  |
| --- | --- | --- |
| Absent | Exempted | Present |
| 0 | 4 | 69 |

Teaching Evaluations Summary

|  |  |
| --- | --- |
| Completed | Pending |
| 15  EPA: Unstable Patients  A screenshot of a cell phone  Description automatically generated | 0 |
| A close up of a screen  Description automatically generated |  |

A screenshot of a cell phone

Description automatically generated