

CBME Academic Coaching Workshop: CASE #2 – JOEY HAMILTON

Resident	Joey Hamilton
Program	Anesthesiology
School of Graduation	Queen's University
Year of Graduation	2012
Training History	
Transition to Discipline (2 blocks)	July 1, 2012 – August 31, 2012
Foundations (18 blocks)	September 1, 2012 – March 31, 2015 <i>December 23, 2012 – December 8, 2013 (leave)</i>
Core (36 blocks)	April 1, 2015 – March 31, 2018
Transition to Practice (9 blocks)	April 1, 2018

Background:

- Dr. Hamilton took a medical leave during the Foundation stage.
- He had an incomplete training experience for his General Anesthesia rotation because of the leave.
- He received a provisional satisfactory for his Pediatric Anesthesia rotation. The issues that were identified were under medical expert, specifically his ability to manage emergent situations and his technical abilities.
- He was granted an additional 3 blocks remediation during Foundations.
- These blocks were fully remediated.
- Dr. Hamilton has made great efforts to improve his knowledge base and he performs at or above the mean for his group on all of the in-house and nationally standardized examinations.

Current: Dr. Hamilton has completed his EPA's and is ready to be reviewed for promotion from Core to Transition to Practice- however he has received an Unsatisfactory assessment of his Neuro Anesthesia training experience (March 2018).

Task: You are Joey's Academic Coach and will be meeting with him about the following:

- 1. To review the Unsatisfactory ITAR and daily assessments for the Neuro Anesthesia experience. You will need to identify the issues that are keeping Joey from progressing and help him develop an education plan / strategies that will assist him.**
- 2. To provide Joey with some coaching that will help him progress.**

Joey Hamilton: Summary of Unsatisfactory ITAR, February – March 2018

Medical Expert:

- knowledge based was below the expected level and ability to execute his anesthetic plans in an organized and systematic fashion while dealing with changing circumstances.
- situational awareness needs improvement.

Collaborator:

- needs to communicate more clearly in difficult or emergency situations.

Professional: does seek feedback. He shows a good work ethic.

Overall:

The general areas that need improvement are:

1. Attention to detail / situational awareness
2. Planning ahead
3. Confidence in own skills and knowledge
4. Judgement (knowing when to ask questions and when to assume responsibility for decisions)

McMaster Anesthesia Residency Program

Daily Evaluation Form #1

(Note – form has been abbreviated for the exercise)

Resident: J. Hamilton

Date: February 12, 2018

Comments	Competency	Rate 1-5 (See scale)	Rating scale: Please use independently for each item.
	Pre-op Eval	5	1= "Staff had to do" (resident required significant hands-on assistance by staff) 2= "Staff had to talk resident through" (resident was able to perform task but required frequent direction or input by staff) 3= "Staff had to prompt resident from time to time" (resident demonstrated some independence but needed intermittent direction) 4= "Staff had to be there just in case" (resident was functionally independent but staff needed to be there at times to ensure that unexpected risks and events could be managed or to provide confirmation of management choices) 5= "Staff didn't have to be there" (resident performed safely and independently and could handle any unexpected event; understood and managed all risks; practice-ready)
	Anesthetic plan	5	
	Room Setup	5	
	Work habits	4	
	Documentation	5	
	Knowledge	5	
	Technical skills	5	
Decision making	Judgment	3	
	Teamwork and Professionalism	4	
	Global assessment of resident performance today	4	

Please provide comments:

- 1) What were the resident's strengths demonstrated today?
 - Takes ownership of care
 - Very hardworking
 - Sound anesthetic plans

- 2) What should the resident be working to develop or improve?
 - Try not to delegate so many tasks to nursing
 - Be careful not to talk yourself into going down a certain management pathway. Go with facts. Ignore the time pressure

**McMaster Anesthesia Residency Program
Daily Evaluation Form #2**

Resident: J. Hamilton

Date: February 13, 2018

Comments	Competency	Rate 1-5 (See scale)	Rating scale: Please use independently for each item.
	Pre-op Eval	4	1= "Staff had to do" (resident required significant hands-on assistance by staff) 2= "Staff had to talk resident through" (resident was able to perform task but required frequent direction or input by staff) 3= "Staff had to prompt resident from time to time" (resident demonstrated some independence but needed intermittent direction) 4= "Staff had to be there just in case" (resident was functionally independent but staff needed to be there at times to ensure that unexpected risks and events could be managed or to provide confirmation of management choices) 5= "Staff didn't have to be there" (resident performed safely and independently and could handle any unexpected event; understood and managed all risks; practice-ready)
	Anesthetic plan	4	
	Room Setup	4	
	Work habits	4	
	Documentation	4	
	Knowledge	4	
	Technical skills	4	
	Judgment	4	
	Teamwork and Professionalism	4	
	Global assessment of resident performance today	4	

Please provide comments:

Continue to practice placing large peripheral IV's. I told the staff surgeon that you are almost ready to do this independently and she agreed.

3) What should the resident be working to develop or improve?

McMaster Anesthesia Residency Program

Daily Evaluation Form #3

Resident: J. Hamilton

Date: February 20, 2018

Comments	Competency	Rate 1-5 (See scale)	Rating scale: Please use independently for each item.
	Pre-op Eval	4	1= "Staff had to do" (resident required significant hands-on assistance by staff) 2= "Staff had to talk resident through" (resident was able to perform task but required frequent direction or input by staff) 3= "Staff had to prompt resident from time to time" (resident demonstrated some independence but needed intermittent direction) 4= "Staff had to be there just in case" (resident was functionally independent but staff needed to be there at times to ensure that unexpected risks and events could be managed or to provide confirmation of management choices) 5= "Staff didn't have to be there" (resident performed safely and independently and could handle any unexpected event; understood and managed all risks; practice-ready)
	Anesthetic plan	4	
	Room Setup	4	
	Work habits	4	
	Documentation	4	
	Knowledge	4	
	Technical skills	2-3	
	Judgment	3	
	Teamwork and Professionalism	4	
	Global assessment of resident performance today	3	

Please provide comments:

- Very good and complete patient assessments.
- Tidy and organized workspace.
- Conscientious management of cases
- Effective arterial line placement with new kit.

4) What should the resident be working to develop or improve?

- Primarily technical skills today.
- 1st case – you had a reasonable plan to deal with an unanticipated situation however, as your attempts were failing you became flustered and your technique was quite rough and had the potential to cause harm.
- 2nd case - You need to work on your confidence to achieve consultant level performance you seemed very tentative in your approach

McMaster Anesthesia Residency Program

Daily Evaluation Form #4

Resident: J. Hamilton

Date: February 21, 2018

Comments	Competency	Rate 1-5 (See scale)	Rating scale: Please use independently for each item.
	Pre-op Eval	5	1= "Staff had to do" (resident required significant hands-on assistance by staff) 2= "Staff had to talk resident through" (resident was able to perform task but required frequent direction or input by staff) 3= "Staff had to prompt resident from time to time" (resident demonstrated some independence but needed intermittent direction) 4= "Staff had to be there just in case" (resident was functionally independent but staff needed to be there at times to ensure that unexpected risks and events could be managed or to provide confirmation of management choices) 5= "Staff didn't have to be there" (resident performed safely and independently and could handle any unexpected event; understood and managed all risks; practice-ready)
	Anesthetic plan	5	
	Room Setup	5	
	Work habits	5	
	Documentation	5	
	Knowledge	4.75	
	Technical skills	5	
	Judgment	5	
	Teamwork and Professionalism	5	
	Global assessment of resident performance today	4.99	

Please provide comments:

Proactive, safe, hard working.

5) What should the resident be working to develop or improve?

Continue to take ownership of cases and defend your decisions for each step in the care plan. Take proactive steps and present your plan before asking for other thoughts.

Has good knowledge, good judgements. Need to assert yourself slightly more.

McMaster Anesthesia Residency Program

Daily Evaluation Form #5

Resident: J. Hamilton

Date: March 1, 2018

Comments	Competency	Rate 1-5 (See scale)	Rating scale: Please use independently for each item.
	Pre-op Eval	4	1= "Staff had to do" (resident required significant hands-on assistance by staff) 2= "Staff had to talk resident through" (resident was able to perform task but required frequent direction or input by staff) 3= "Staff had to prompt resident from time to time" (resident demonstrated some independence but needed intermittent direction) 4= "Staff had to be there just in case" (resident was functionally independent but staff needed to be there at times to ensure that unexpected risks and events could be managed or to provide confirmation of management choices) 5= "Staff didn't have to be there" (resident performed safely and independently and could handle any unexpected event; understood and managed all risks; practice-ready)
	Anesthetic plan	3	
	Room Setup	4	
	Work habits	3	
	Documentation		
	Knowledge	3	
	Technical skills	4	
	Judgment	3	
	Teamwork and Professionalism	4	
	Global assessment of resident performance today	3	

Please provide comments:

Good pre-op assessments. Good technical skills.

6) What should the resident be working to develop or improve?

Management of the unstable patient.

McMaster Anesthesia Residency Program

Daily Evaluation Form #6

Resident: J. Hamilton

Date: March 4, 2018

Comments	Competency	Rate 1-5 (See scale)	Rating scale: Please use independently for each item.
	Pre-op Eval	4	1= "Staff had to do" (resident required significant hands-on assistance by staff) 2= "Staff had to talk resident through" (resident was able to perform task but required frequent direction or input by staff) 3= "Staff had to prompt resident from time to time" (resident demonstrated some independence but needed intermittent direction) 4= "Staff had to be there just in case" (resident was functionally independent but staff needed to be there at times to ensure that unexpected risks and events could be managed or to provide confirmation of management choices) 5= "Staff didn't have to be there" (resident performed safely and independently and could handle any unexpected event; understood and managed all risks; practice-ready)
	Anesthetic plan	4	
	Room Setup	4	
	Work habits	4	
	Documentation	4	
	Knowledge	4	
	Technical skills	4	
	Judgment	4	
	Teamwork and Professionalism	3	
	Global assessment of resident performance today	4	

Please provide comments:

Very reassuring to a frightened patient.

7) What should the resident be working to develop or improve?

Decision making.