## CBD Forms 1-4

## Form 1 – EPA Observation

#### Learner:

**Learning Program**: **EPA Title**:

**Key Features**: **EPA Stage**:

**Date of Observation**:

Contextual Variables

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of ECMO |  | | | | |  |
| Additional Context Information | | | | | | |
|  | **I had to do** | **I had to talk them through** | **I needed to prompt** | **I had to provide minor direction** | **I did not need to provide direction for safe and independent care** | |
| **1** | **2** | **3** | **4** | **5** | |

Based on this observation overall    



:

**Milestones associated with this EPA:**



Establish a plan for ongoing monitoring and care

Determine the appropriate timing and type of ECMO

Engage in respectful shared decision-making with physicians and other health care professionals

Synthesize and interpret the clinical information

Provide information to the family about the expectation of benefit and risks of ECMO, and align with the goals of care

Determine the patient’s eligibility and suitability for ECMO

Allocate health care resources for optimal patient care

**Achieved**

**3**

**In Progress**

**2**

**Not Observed**

**1**

**Feedback to Resident and Competency Committee:**

## Form 2 – Procedural Competencies

#### Learner:

**Learning Program**: **EPA Title**:

**Key Features**: **EPA Stage**:

**Date of Observation**:

Contextual Variables

Type of ECMO

|  |  |  |  |
| --- | --- | --- | --- |
| **I had to do** | **I had to talk** | **I needed to** | **I had to** |
|  | **them through** | **prompt** | **provide minor** |
|  |  |  | **direction** |
| **1** | **2** | **3** | **4** |

Based on this observation overall    



:

**I did not need to provide direction for safe and independent care**

**5**

**Milestones associated with this EPA:**



Engage in respectful shared decision-making with physicians and other health care professionals

Establish a plan for ongoing monitoring and care

Determine the appropriate timing and type of ECMO

Synthesize and interpret the clinical information

Provide information to the family about the expectation of benefit and risks of ECMO, and align with the goals of care

Determine the patient’s eligibility and suitability for ECMO

Allocate health care resources for optimal patient care

**I did not need to provide direction for safe and independent care**

**5**

**4**

**I had to**

**provide minor direction**

**3**

**I needed to**

**prompt**

**2**

**I had to talk**

**them through**

**1**

**I had to do**

**Feedback to Resident and Competency Committee:**

## Form 3 – Multi-source Feedback

#### Learner:

**Learning Program**:

**EPA Title**:

**Key Features**:

**EPA Stage**:

**Date of Observation**:

**Please note this form is not anonymous. The content as well as the evaluator are visible to the trainee.**

**The following Milestones were demonstrated:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not observed**  **1** | **Never**  **2** | **Sometimes**  **3** | **Usually**  **4** | **Always**  **5** |
| Allocate health care resources for optimal patient care  Determine the patient’s eligibility and suitability for ECMO Provide information to the family about the expectation of benefit  and risks of ECMO, and align with the goals of care  Synthesize and interpret the clinical information Determine the appropriate timing and type of ECMO  Establish a plan for ongoing monitoring and care Engage in respectful shared decision-making with physicians and  other health care professionals |  |  |  |  |

**Feedback to Resident and Competency Committee:**

## Form 4 – Narrative Observation

#### Learner:

**Learning Program**:

**EPA Title**:

**Key Features**:

**EPA Stage**:

**Date of Observation**:

**Feedback to Resident and Competency Committee:**

|  |
| --- |
|  |



**General Surgery - End of Rotation Assessment**

Learner: **<Learner.Last\_Name>, <Learner.First\_Name>**

Learner Program / Level: **<Learner.Trainee\_Program> / <Learner.Tr\_Level>**

Rotation / Program: **<Activity.Rotation> / <Activity.Rotation\_Program>**

Location: **<Activity.Rotation\_Location>**

Supervisor: **<Supervisor.Last\_Name>, <Supervisor.First\_Name>**

Evaluation Trigger / Period: **<Evaluation.Trigger\_Type> / <Activity.Period>**

**Please comment on the trainee's strengths demonstrated during this rotation:**

|  |
| --- |
|  |

**Please provide specific and actionable feedback regarding the trainee's areas of improvement:**

|  |
| --- |
|  |

**Please provide any additional comments regarding this trainee's performance:**

|  |
| --- |
|  |

<Form.Completion\_Status> <Form.Current\_Page>

**PROGRAM Clinic Rotation Evaluation – PGY 4** Resident/Dates of Supervision (affix label)

**Modified ITAR (sample from Nephrology)**

**OBJECTIVE: THE RESIDENT WILL DISPLAY EFFECTIVE CANMEDS COMPETENCIES** - Clinics PGY4

**1 2 3 4 5 N/A**

**Unsatisfactory Provisional Satisfactory Satisfactory Very Good Outstanding**

Performs significantly Performs lower Meets expectations Exceeds expectations Significantly exceeds Not

lower than level of than level of training for level of training for level of training expectations for level Assessed

training of training

**Medical Expert:**

The resident was able to elicit a history that was relevant, concise and accurate in the context of the patient’s problem.

1 2 3 4 5 N/A

The resident could justify investigations ordered as part of the work up of renal associated diseases and was able to interpret the results based on the patient’s specific renal or medical issue.

1 2 3 4 5 N/A

The resident demonstrated a good understanding of metabolic (diabetes, hypertension, stones, etc) and renal hereditary diseases (e.g. ADPCKD and immunologic conditions) and their association with renal injury.

1 2 3 4 5 N/A

**Communicator:**

The resident was able to dictate and/or type a clear and comprehensive note, in a timely manner, identifying the pertinent issues for the patient's clinic visit as well as appropriate management and follow up.

1 2 3 4 5 N/A

**Collaborator:**

The resident was able to describe and reflect on the importance of interprofessional team function in the clinic setting and utilized available resources in order to optimize patient care.

1 2 3 4 5 N/A

**LEADER:**

The resident was able to conduct an efficient clinic with respect to time, and organization of investigations and subsequent follow-up.

1 2 3 4 5 N/A

**HEALTH ADVOCATE:**

The resident, where appropriate, identified preventative strategies for progression of renal disease (eg BP control, minimization of proteinuria, altering immunosuppression, control of cardiac risk factors, etc) and implemented specific therapeutic interventions including patient education to help improve patient outcomes.

1 2 3 4 5 N/A

**PROFESSIONAL:**

The resident was punctual and reliable in the completion of clinical duties.

1 2 3 4 5 N/A

**Continue on Reverse** 🡺

**PROGRAM Clinic Rotation Evaluation – PGY 4** Resident/Dates of Supervision (affix label)

**OBJECTIVE: THE RESIDENT WILL DISPLAY EFFECTIVE CANMEDS COMPETENCIES** - Clinics PGY4

**1 2 3 4 5 N/A**

**Unsatisfactory Provisional Satisfactory Satisfactory Very Good Outstanding**

Performs significantly Performs lower Meets expectations Exceeds expectations Significantly exceeds Not

lower than level of than level of training for level of training for level of training expectations for level Assessed

training of training

**OVERALL COMPETENCE (FOR LEVEL OF TRAINING)**

Please check the appropriate box for the overall competency for this resident for his or her level of training.

|  |  |  |  |
| --- | --- | --- | --- |
| Incomplete | Unsatisfactory | Provisional Satisfactory | Satisfactory |
| 🞎 | 🞎 | 🞎 | 🞎 |

1. Was a mid-rotation assessment done? Yes 🞎 No 🞎
2. If yes, was the mid-rotation:

|  |  |  |  |
| --- | --- | --- | --- |
| Incomplete | Unsatisfactory | Provisional Satisfactory | Satisfactory |
| 🞎 | 🞎 | 🞎 | 🞎 |

1. Was input sought from other faculty, allied health team members, patients and families? Yes 🞎 No 🞎
2. If yes, whom: 🞎 Faculty 🞎 Allied health team members 🞎 Patients/Families 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What other sources were used to base this assessment ( eg field notes, daily assessment card, mini-cex etc)

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

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

Summative Comments: (**any item evaluated above or below a 3 must include comments**, including examples to justify the rating)

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

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

Formative Comments: Please provide 1-2 items for resident to work on to progress along the competency continuum.

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

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

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

Attending Staff Evaluator Signature



**Work Based Assessment Multi-Source Feedback (MSF)**

Learner:

Learner Program / Level:

Rotation / Program:

Location:

Supervisor:

Evaluation Trigger / Period:

Your Role:

**You have been identified as someone who may be able to assess this resident in one or more of the categories below. Based on your encounters with this resident, please complete your observation ratings. All of the assessments will be collated and your name will not appear in the collated document.**

**The following Milestones were demonstrated:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not Observed**  **1** | **Never**  **2** | **Sometimes**  **3** | **Usually**  **4** | **Always**  **5** |
| Communicates effectively with patients and families, provides clear instructions and checks whether the patient/family understands. | o | o | o | o | o |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not Observed**  **1** | **Never**  **2** | **Sometimes**  **3** | **Usually**  **4** | **Always**  **5** |
| Communicates effectively with other health care professionals. | o | o | o | o | o |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not Observed**  **1** | **Never**  **2** | **Sometimes**  **3** | **Usually**  **4** | **Always**  **5** |
| Collaborates well with other co-workers. | o | o | o | o | o |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not Observed**  **1** | **Never**  **2** | **Sometimes**  **3** | **Usually**  **4** | **Always**  **5** |
| The resident demonstrates understanding and respect for the role and opinions of the multidisciplinary team. | o | o | o | o | o |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not Observed**  **1** | **Never**  **2** | **Sometimes**  **3** | **Usually**  **4** | **Always**  **5** |

o

o

o

o

o

Shows compassion to patients and their families.

Responds appropriately to emergency situations.

**Not Observed Never Sometimes Usually Always 1 2 3 4 5**

o o o o o

Demonstrates effective time management to achieve balance between patient care, learning needs and outside responsibilities.

**Not Observed Never Sometimes Usually Always 1 2 3 4 5**

### o o o o o

Recognizes his/her limits

**Not Observed Never Sometimes Usually Always 1 2 3 4 5**

### o o o o o

The learner presents him/herself in a professional manner.

**Not Observed Never Sometimes Usually Always 1 2 3 4 5**

### o o o o o

I would be happy to have this resident participate in the care of the patients that I am looking after

**Not Observed Never Sometimes Usually Always 1 2 3 4 5**

### o o o o o

**Feedback to Learner:**

Completed on \_\_\_\_\_\_\_\_ 1

# CBME Resident Reflection

**(Program Name)**

### **Instructions:** Download form to your device, fill out, and upload completed version to MedSIS Reflection Documentation section

**Note: Save as: LastnameFirstInitial.Reflection.Date e.g. TaylorJ.Reflection.Oct1.2019**

|  |  |
| --- | --- |
| Name | Date |

# Rotation-based assessments

1. Am I on target to achieving my EPAs in this stage?

Foundations Summary

|  |  |
| --- | --- |
| Initial Assessments |  |
| Ongoing Mgmt –   1. Assess & Manage 2. Patient Communication 3. Handover |  |
| Consulting Others |  |
| Discharge –   1. Documentation 2. Communication |  |
| Unstable Patients |  |
| Goals of Care |  |
| Personal Learning Needs |  |

1. Themes I have identified from my completed ITERs
2. What am I doing well overall?
3. What do I need to work on?

|  |
| --- |
|  |

1. Any barriers to assessment?

# Medical Knowledge Assessments

|  |  |  |
| --- | --- | --- |
| NEJM Knowledge+ Exam 1 | Score | Class Average |
| PGY1 OSCE | Score | Class Average |
| NEJM Knowledge+ Exam 2 | Score | Class Average |
| PGY2 OSCE | Score | Class Average |

Regarding Medical Knowledge, what am I doing well?

What do I need to work on?

# Scholarly Activities (Teaching / Research)

List research projects, presentations, educational activities

# Learning Needs

What are my current learning needs? How will I address these?

# CBME Academic Coach Report

#### Upload to Resident MedSIS Portfolio, with file named ResidentLastName.Date.AcademicCoachReport

|  |  |
| --- | --- |
| Resident Name | Date |

Coach Name

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Stage** | Transition to Discipline |  | Foundations |  | Core |  | Transition to  Practice |

# Rotation-based assessments

1. General comments on EPA **completion**

#### Foundations Summary by EPA

|  |  |
| --- | --- |
| Initial Assessments |  |
| Ongoing Mgmt –   1. Assess & Manage 2. Patient Communication 3. Handover |  |
| Consulting Others |  |
| Discharge –   1. Documentation 2. Communication |  |
| Unstable Patients |  |
| Goals of Care |  |
| Personal Learning Needs |  |

1. Comment on ITER/ITAR content – identify 1-2 themes

|  |
| --- |
|  |

1. Comment on overall competence being demonstrated

|  |
| --- |
|  |

# Medical Knowledge Assessments

|  |  |  |
| --- | --- | --- |
| NEJM Knowledge+ Exam 1 | Score | Class Average |
| PGY1 OSCE | Score | Class Average |
| NEJM Knowledge+ Exam 2 | Score | Class Average |
| PGY2 OSCE | Score | Class Average |

Comment on exam scores

|  |
| --- |
|  |

# Scholarly Activities (Teaching/Research)

Comment on resident’s scholarly activities

|  |
| --- |
|  |

# Learning Needs

What is the resident doing well?

|  |
| --- |
|  |

What does the resident need to work on?

|  |
| --- |
|  |

Summary comments and recommendation to Competence committee

|  |
| --- |
|  |