

Individual Resident Evaluations

General Pediatrics Resident Assessment



CHOP - Pediatric Residency

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Report Date Range: 06/21/2010 - 10/11/2011

Report Date/Time: 10/11/2011 3:09:47 PM

Resident Physician: Competency = Average score on competency for selected residents

Attending Avg = Average score given by an Attending for each question

Group = Average score of all PGYs represented

Total = Average score of all PGYs

(arch) = Username has been archived

Evaluation Completed: 10/12/2010

Evaluation Period: 9/13/2010 through 10/10/2010

Attending Physician:

Rotation Name: GP-ICS

Interpersonal and Communication Skills - Category Summary (3.80, 76.0%)

Question:		Attending Avg	Group	Total
<p>INTERPERSONAL AND COMMUNICATION SKILLS: Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates</p> <p>ICS -1 Demonstration of Leadership Skills within the Health Care Delivery Team</p> <p>(1) Does not demonstrate leadership skills (2) Demonstrates management of team activities when specifically instructed to do so (3) Demonstrates ability to effectively lead <i>medical students</i> in the preparation of their pre-rounds activities (4) Demonstrates leadership of the <i>entire team</i> by setting expectations, organizing the team duties and managing individuals to assure task completion (5) As in 4, and manages conflict and assists others in achieving their best performance</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	<p>3.00 60.0%</p>	<p>2.44 (n=68) 48.8%</p>	<p>2.07 (n=28) 41.4%</p>	<p>2.44 (n=68) 48.8%</p>
<p>ICS-2 Communication with families</p> <p>(1) Does not communicate independently with families, relies on other staff (2) Communicates with families independently but infrequently; parents <i>not</i> consistently updated (3) Communicates with families independently and frequently; provides medical updates (4) Communicates with families independently and frequently with negotiation and compromise in patient-centered care (5) As in 4, and demonstrates effectiveness in conflict resolution and cultural sensitivity</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	<p>4.00 80.0%</p>	<p>3.26 (n=68) 65.2%</p>	<p>3.79 (n=28) 75.8%</p>	<p>3.26 (n=68) 65.2%</p>

<p>ICS-3 Maintains informative and timely medical records</p> <p>(1) Rarely (3) Sometimes (5) Usually</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	<p>5.00 100.0%</p>	<p>3.12 (n=68) 62.4%</p>	<p>4.50 (n=28) 90.0%</p>	<p>3.12 (n=68) 62.4%</p>
<p>ICS-4 Effectively communicates with all team members and consultants (as demonstrated by listening, comprehending and demonstrating clarity and organization of thoughts in spoken and written response)</p> <p>(1) The resident inconsistently communicated effectively (2) The resident communicated effectively, but information was insufficient (3) The resident communicated effectively, information was thorough and complete but required prompting from attending or fellow (4) The resident independently and consistently communicated effectively; information was complete and thorough (5) As in 4 and demonstrated ability to process and reconcile information from different team members</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	<p>4.00 80.0%</p>	<p>3.41 (n=68) 68.2%</p>	<p>3.71 (n=28) 74.2%</p>	<p>3.41 (n=68) 68.2%</p>
<p>ICS-5 Communication interactions with chronically ill patients and their family members</p> <p>(1) Did not demonstrate empathetic approach in communicating with patient or family (2) Demonstrated good listening skills in communicating with such patients and their families (3) As in 2, and actively initiated communication to seek patient and family needs and concerns (4) As in 3, and effectively addressed these concerns (5) As in 4, and effectively negotiated in a compromise/cooperative style to achieve optimal patient care</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	<p>3.00 60.0%</p>	<p>2.57 (n=68) 51.4%</p>	<p>2.32 (n=28) 46.4%</p>	<p>2.57 (n=68) 51.4%</p>

Medical Knowledge - Category Summary (4.00, 80.0%)

Question:		Attending Avg	Group	Total
<p>MEDICAL KNOWLEDGE: Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge and apply this knowledge in patient care</p> <p>MK-1 Knowledge demonstrated through rounds or interactive discussion or teaching sessions revealed:</p> <p>(1) Demonstrates attention and recognition of medical knowledge of common problems</p>	<p>4.00 80.0%</p>	<p>3.54 (n=68) 70.8%</p>	<p>3.86 (n=28) 77.2%</p>	<p>3.54 (n=68) 70.8%</p>

<p>(2) Demonstrates the basic knowledge level of biomedical, clinical and related sciences as they relate to patient diagnosis or care</p> <p>(3) Demonstrates the ability to gather information and sort data by rank/prioritization</p> <p>(4) Demonstrates the ability to synthesize knowledge as it applies to a patient's condition; demonstrates ability to link that knowledge to underlying pathophysiology of disease process</p> <p>(5) Demonstrates the ability to generalize and expand on particular knowledge/scientific facts as they relate to patients who may differ from an index case; expanded understanding was demonstrated by expression of differentiating or discriminating features</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>				
<p>MK-2 Differential diagnosis development</p> <p>(1) Assembles a differential diagnosis by non-specific list and based on chief complaint categorization (lists all possibilities irrespective of relevance to particular patient)</p> <p>(2) Demonstrates relevant differential diagnosis logically, in concert with supervisory oversight</p> <p>(3) Demonstrates the ability to generate preliminary differential diagnosis list, prioritizing diagnoses indicated by the history and physical assessment</p> <p>(4) Demonstrates the ability to construct a focused differential diagnosis list, based on history, physical and an understanding of the pathophysiology of relevant system or disease process</p> <p>(5) As in 4, and is able to generate a novel diagnosis or describe a clinical disease based on understanding of pathophysiology and directed reading of evidenced based medicine</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	<p>4.00 80.0%</p>	<p>3.34 (n=68) 66.8%</p>	<p>3.75 (n=28) 75.0%</p>	<p>3.34 (n=68) 66.8%</p>

Patient Care and Procedural Skills - Category Summary (3.20, 64.0%)

Question:		Attending Avg	Group	Total
<p>PATIENT CARE: Provide family centered patient care that is compassionate and effective for the treatment of health problems and the promotion of health</p> <hr/> <p>PC-1 Interviewing strategies and approach to history taking</p> <p>(1) Relied on the documented record or history of others; did not personally interview his/her patients</p> <p>(2) Interviewed the parents/patients to add to another resident's history. Additional information contributed was obtained in non-specific manner</p> <p>(3) Demonstrated independence in taking a history; history had incomplete elements</p> <p>(4) Demonstrated independent and comprehensive history taking strategies appropriate for the patient's differential diagnosis</p> <p>(5) Demonstrated independent and comprehensive history taken in a discriminating manner based on knowledge of disease and pathophysiology</p> <hr/>	<p>4.00 80.0%</p>	<p>1.46 (n=68) 29.2%</p>	<p>2.46 (n=28) 49.2%</p>	<p>1.46 (n=68) 29.2%</p>

Scale of 1-5 (See Bottom)				
<p>PC-2 Obtaining a history using a logical sequence of appropriate questions</p> <p>(1) Demonstrate the ability to ask questions to obtain a routine history for a <i>simple</i> clinical condition (2) Pursued additional questions for a more detailed history <i>with prompting</i> (3) Performed a <i>detailed history</i> on a patient with a <i>routine</i> clinical problem (4) Performed a comprehensive and complete history on patients with <i>moderately complex</i> clinical problems</p> <p>(5) Supervised the history (4) of other team members and added/documented further relevant details</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	N/A	0.22 (n=68) 4.4%	0.25 (n=28) 5.0%	0.22 (n=68) 4.4%
<p>PC-3 Documentation of physical examination</p> <p>(1) Used the physical exam report of others and did not document a complete physical examination (2) Documented limited physical examination without consideration of specificity of clinical situation (3) Documented a targeted physical examination with emphasis on clinically relevant aspects (4) Documentation demonstrates the resident's ability to examine pertinent systems and interpret findings in context of clinical status (5) Documented physical examination in stepwise fashion including additional examination based on interpretation of initial assessment</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	3.00 60.0%	2.10 (n=68) 42.0%	3.32 (n=28) 66.4%	2.10 (n=68) 42.0%
<p>PC-4 Collection and interpretation of diagnostic data</p> <p>(1) Gathers data in nonspecific and undirected manner for routine problems (2) Interprets reports <i>only</i> in context of routine clinical conditions (3) Recognizes and reports abnormal lab data and seeks appropriate action plans with supervisor (4) Gathers and analyzes data in context of routine clinical problem and applies that data to diagnostic or management decisions (5) Develops a focused and relevant set of data to be gathered in a logical manner and interprets data for complex clinical problems</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	3.00 60.0%	3.46 (n=68) 69.2%	3.68 (n=28) 73.6%	3.46 (n=68) 69.2%
<p>PC-5 Use of consultants</p> <p>(1) Consultant is requested <i>prior</i> to careful consideration of indications/questions/clinical relevance (2) Appropriate consultation is requested without a good understanding of case-specific relevance or clinical questions (3) Consultation is sought in concert with supervising resident; understanding of questions as developed largely by supervising resident or attending (4) Proposed consult, with development of clinically relevant questions, is prepared by resident and discussed with attending (5) Based on directed reading or evidenced based medicine, a consult with well-developed questions is requested; consultative response is anticipated and resident demonstrates ability to</p>	N/A	2.82 (n=68) 56.4%	2.82 (n=28) 56.4%	2.82 (n=68) 56.4%

<p>converse about recommendations in a manner that reflects their fund of knowledge</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>				
<p>PC-6 Management of patient care</p> <p>(1) Not able to follow specific instructions given by supervising resident or attending (2) Able to follow specific instructions given by supervising resident or attending (3) Plan development for routine conditions implemented with anticipation of clinical course/management needs (4) As in 3 and plans for alternative care based on potential variation of clinical course (5) Plan initiated/developed for complex condition with variable clinical course; flexibility and adjustment demonstrated</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	<p>3.00 60.0%</p>	<p>3.35 (n=68) 67.0%</p>	<p>3.68 (n=28) 73.6%</p>	<p>3.35 (n=68) 67.0%</p>
<p>PC-7 Follow-up, hand-off, re-evaluation</p> <p>(1) Did not follow-up or re-evaluate based on clear prompt to do so (plan/check-out/data report or result) (2) Followed-up on data/exam/clinical need and reported data as abnormal to supervisor (3) Follow-up or re-evaluation performed with appropriate action proposed or taken by resident (4) Follow-up or re-evaluation performed with appropriate action communicated, completed and documented (5) Functioned as source of advice for follow-up or interpretation of data by junior resident. Responded with clinically appropriate direction for that resident, based on good medical evidence/clinical knowledge</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	<p>3.00 60.0%</p>	<p>3.12 (n=68) 62.4%</p>	<p>3.11 (n=28) 62.2%</p>	<p>3.12 (n=68) 62.4%</p>

Practice-Based Learning and Improvement - Category Summary (3.00, 60.0%)

Question:		Attending Avg	Group	Total
<p>PRACTICE BASED LEARNING AND IMPROVEMENT: Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care</p> <p>PBLI-1 Time Management, fulfilling patient care duties</p> <p>(1) Arrives to work too late to get required work completed on time (2) Demonstrates inefficient workflow patterns with duplication of effort in process (3) Is well informed at rounds about patient status, including: overnight events, new data (lab/x-ray/I&O/Vital/Wt), consultative information, physical examination (4) As in 3, and initiates plan ahead for efficient: discharge, case management, studies/consults needed</p>	<p>4.00 80.0%</p>	<p>3.31 (n=68) 66.2%</p>	<p>3.61 (n=28) 72.2%</p>	<p>3.31 (n=68) 66.2%</p>

<p>(5) Oversees/supervises multiple patients and prioritizes acute needs and operational flow</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>				
<p>PBLI-2 Participate in the education of residents and students</p> <p>(1) Did not participate</p> <p>(2) Was available to students/junior residents to assist and answer questions when asked</p> <p>(3) Sought out opportunities to informally teach students/junior residents</p> <p>(4) As in 3, and disseminated appropriate references, articles, reviews to enhance the educational experience of students/junior residents</p> <p>(5) As in 4, and presented at least one formal talk to the team</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	<p>2.00 40.0%</p>	<p>2.00 (n=68) 40.0%</p>	<p>1.75 (n=28) 35.0%</p>	<p>2.00 (n=68) 40.0%</p>
<p>PBLI-3 Location appraisal, and assimilation of scientific evidence pertinent to patient care</p> <p>(1) No outside reading evident</p> <p>(2) Reads/reviews literature provided by faculty</p> <p>(3) Demonstrates independent identification/review of text book material/review articles related to patient care issues</p> <p>(4) Demonstrates independent identification/review of scientific literature/journal articles related to patient care issues</p> <p>(5) As above and applies this information to patient care and/or teaches other</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	<p>N/A</p>	<p>0.97 (n=68) 19.4%</p>	<p>0.68 (n=28) 13.6%</p>	<p>0.97 (n=68) 19.4%</p>
<p>PBLI-4 Processing of constructive feedback</p> <p>(1) Does not seek feedback</p> <p>(2) Sought feedback but did not apply it to improve performance</p> <p>(3) Sought feedback, internalized it, but unable to make</p>	<p>N/A</p>	<p>1.38 (n=68) 27.6%</p>	<p>0.61 (n=28) 12.2%</p>	<p>1.38 (n=68) 27.6%</p>

<p>performance improvements</p> <p>(4) Sought feedback, internalized it, and able to make performance improvements</p> <p>(5) Sought feedback, internalized it, made performance improvements, and showed evidence of self assessment</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>				
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Professionalism - Category Summary (4.83, 96.6%)

Question:		Attending Avg	Group	Total
<p>PROFESSIONALISM: Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity</p> <p>P-1 Exhibits honesty, integrity, and compassion in dealing with patients, families, and members of the health care team</p> <p>(1) Rarely (3) Sometimes (5) Usually</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	<p>5.00 100.0%</p>	<p>4.21 (n=68) 84.2%</p>	<p>4.75 (n=28) 95.0%</p>	<p>4.21 (n=68) 84.2%</p>
<p>P-2 Demonstrates sensitivity to age, gender, culture, and disabilities of patients and families</p> <p>(1) Rarely (3) Sometimes (5) Usually</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	<p>5.00 100.0%</p>	<p>4.10 (n=68) 82.0%</p>	<p>4.64 (n=28) 92.8%</p>	<p>4.10 (n=68) 82.0%</p>
<p>P-3 Demonstrates confidentiality and privacy when dealing with patients and their families</p> <p>(1) Rarely (3) Sometimes (5) Usually</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	<p>5.00 100.0%</p>	<p>4.22 (n=68) 84.4%</p>	<p>4.75 (n=28) 95.0%</p>	<p>4.22 (n=68) 84.4%</p>
<p>P-4 Demonstrate cultural awareness, negotiation, compromise and mutual respect in the daily care of patients</p> <p>(1) Rarely (3) Sometimes (5) Usually</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	<p>5.00 100.0%</p>	<p>4.13 (n=68) 82.6%</p>	<p>4.64 (n=28) 92.8%</p>	<p>4.13 (n=68) 82.6%</p>

<p>P-5 The resident was an effective and supportive team player, seeking out opportunities to assist others</p> <p>(1) Rarely (3) Sometimes (5) Usually</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	<p>5.00 100.0%</p>	<p>3.99 (n=68) 79.8%</p>	<p>4.57 (n=28) 91.4%</p>	<p>3.99 (n=68) 79.8%</p>
<p>PL-6 Professional responsibilities</p> <p>(1) Frequently arrives late for patient care duties and/or is frequently unprepared for rounds</p> <p>(2) Usually arrives on time for patient care duties and/or is usually prepared for rounds</p> <p>(3) Routinely is prompt and prepared for patient care duties. Routinely follows up with lab results, patient care questions, etc. in a timely fashion</p> <p>(4) As in 3, and attends all teaching conferences, understands own limitations of knowledge and skills</p> <p>(5) As in 4, and actively seeks out additional learning opportunities to improve knowledge and skills</p> <hr/> <p>Scale of 1-5 (See Bottom)</p>	<p>4.00 80.0%</p>	<p>3.41 (n=68) 68.2%</p>	<p>3.79 (n=28) 75.8%</p>	<p>3.41 (n=68) 68.2%</p>

System-Based Practices - Category Summary (3.50, 70.0%)

Question:		Attending Avg	Group	Total
<p>SYSTEMS-BASED PRACTICE: Understand how to practice high-quality health care and advocate for patients within the context of the health care system</p> <p>SB-1 Use of hospital systems and patient care resources effectively</p> <p>(1) The resident is unable to prioritize diagnostic workup</p> <p>(2) The resident is able to prioritize diagnostic workup for common problems, requires prompting for less common problems</p> <p>(3) The resident is able to prioritize diagnostic workup for common problems and many less common problems</p> <p>(4) The resident is able to prioritize diagnostic workup for common problems, many less common problems, and factors in cost and patient discomfort when making decisions</p> <p>(5) As in 4, and assists junior housestaff and medical students to use resources effectively as they develop diagnostic workups</p> <hr/>	<p>3.00 60.0%</p>	<p>3.00 (n=68) 60.0%</p>	<p>2.93 (n=28) 58.6%</p>	<p>3.00 (n=68) 60.0%</p>

Scale of 1-5 (See Bottom)				
SB-2 Escalation and responsiveness 3.00 60.0% (1) Did not respond to pages/requests of nurse or parent promptly (2) Responded to requests promptly but did not adequately assess the situation (3) Responded to request/concerns promptly and appropriately reported problem to supervising attending/charge nurse (4) As in 3, and took appropriate action with action and rationale documented in chart (5) As in 4, and performed further workup/follow-up as indicated <hr/> Scale of 1-5 (See Bottom)		1.66 (n=68) 33.2%	1.64 (n=28) 32.8%	1.66 (n=68) 33.2%
SB-3 Avoid use of ambiguous or unacceptable abbreviations in the medical record, prescriptions and medical orders 5.00 100.0% (1) Rarely (3) Sometimes (5) Usually <hr/> Scale of 1-5 (See Bottom)		3.28 (n=68) 65.6%	4.71 (n=28) 94.2%	3.28 (n=68) 65.6%
SB-4 Responsiveness to medical error and patient safety N/A (1) Resident does not recognize or acknowledge their contribution to medical errors (2) Resident recognized their medical errors, but did not accept responsibility or recognize behaviors that led to such errors (3) Resident acknowledged their medical errors, and accepted responsibility for those errors (4) As in 3, and identified personal practices that might prevent similar errors (5) As in 4, and participated in system changes to prevent similar errors in the future <hr/> Scale of 1-5 (See Bottom)		0.06 (n=68) 1.2%	N/A	0.06 (n=68) 1.2%
SB-5 Case Management and discharge planning 3.00 60.0% (1) Failed to complete discharge planning paperwork – lacked key elements (2) Completed discharge planning with supervisory support (3) Independently completed routine discharge paperwork that adequately addressed routine patient care needs and immediate follow-up (4) Attended case conference and helped document and carry out complex discharge planning (5) Led a case conference for a complex patient care plan and delegated, organized and documented attendee roles and patient care plans		1.09 (n=68) 21.8%	2.07 (n=28) 41.4%	1.09 (n=68) 21.8%

Scale of 1-5 (See Bottom)				
SB-6 Utilization of resources to advocate for patients (1) Is inattentive to developmental and social needs of high risk patients and families (2) Recognizes developmental and social needs of high risk patients and families, requires specific instruction for referral to appropriate resources. (eg child life, lactation consultants, social worker, ECI.) (3) As in 2 , and independently identifies available resources (4) As in 3 , and makes appropriate referrals without prompting by attending (5) As in 4 , and develops specialized plans for individual patients/families to meet their unique needs <hr/> Scale of 1-5 (See Bottom)	N/A	2.04 (n=68) 40.8%	2.57 (n=28) 51.4%	2.04 (n=68) 40.8%

Comments

Evaluation Comments:	DR X was a pleasure to work with. She had few ICS patients during my time on service with her, but she exhibited a strong understanding of the complicated issues for many of these patients and was well versed in her colleagues' patients, often making useful suggestions during rounds. She has a strong knowledge base and a very approachable, calm demeanor. I would suggest she continue to speak up with her suggestions and ask questions when she isn't sure of something. She will do well in whatever field she chooses. <i>I did not verbally discuss this evaluation with the resident face-to-face. Signed -</i>
Resident Acknowledgement:	<i>I acknowledge receipt of this evaluation. - The attending DID NOT verbally discuss this evaluation with me face-to-face, through out the rotation. Signed -</i>
Evaluator Acknowledgement:	Comments Not Available
Program Director Comments:	<i>Reviewed by</i>

Summary - Core Competencies

Category Summary:	(n=1)	PGY-Peers (n=28)	All PGYs (n=68)
Interpersonal and Communication Skills	3.8000 / 76.00%	3.89 / 77.80%	4.00 / 79.92%
Medical Knowledge	4.0000 / 80.00%	3.94 / 78.88%	4.03 / 80.68%
Patient Care and Procedural Skills	3.2000 / 64.00%	3.73 / 74.62%	3.89 / 77.78%
Practice-Based Learning and Improvement	3.0000 / 60.00%	3.32 / 66.42%	3.78 / 75.50%
Professionalism	4.8330 / 96.66%	4.69 / 93.82%	4.73 / 94.56%
System-Based Practices	3.5000 / 70.00%	3.65 / 72.90%	3.84 / 76.86%

Statistical Analysis Based on a Scale of 1-5					
n	Std Dev	Median	Mean	Variance	High & Low
1	0.92	4	3.83	0.84	5 & 2

THE FOLLOWING ANSWER SCALE WAS USED:

Numbers Only

0 - No Interaction
1
2
3
4
5

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