7/17/13 Preview Form - MedHub

## **Preview Form**

Printed on Jul 17, 2013



# **Hospital Admitting Resident (MS)**

☐ <u>Insufficient contact to evaluate</u> (delete evaluation)

#### PLEASE NOTE:

Pediatric residents acquire the core knowledge, skills and attitudes that define a pediatrician through a developmental progression. PL1s often start at Level 2 (advanced beginner) and progress to Level 3 (competent) on most measures by the end of the year. PL2s often start on Level 3, while PL3s should be on at least Level 4 (proficient) on most measures by the end of residency.

#### HOSPITAL ADMITTING RESIDENT ROTATION OBJECTIVES

Please complete the following questions using entrustment for independent practice as your frame of reference.

At what level do you TRUST the resident to do the particular skill?

Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Novice: Resident cannot be trusted to perform this skill even w ith assistance.	Advanced Beginner: Resident can perform this skill under proactive, ongoing, and direct supervision.	Competent: Resident can perform this skill under indirect or reactive supervision.	Proficient: Resident can mostly act independently.	Mastery: Resident can teach and model this skill w hile acting completely independently.	

1. Assesses Hospitalist team resources to ensure safe patient care through accurate management of team census and employs high census plan as appropriate.\*

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Collapse

Level 1	Level 2	Level 3	Level 4	Level 5	N/A	
Novice:	Advanced	Competent:	Proficient:	Mastery:		
Resident cannot	Beginner:	Resident can	Resident can	Resident can		
be trusted to	Resident can	perform this skill	mostly act	teach and model		
perform this skill	perform this skill	under indirect or	independently.	this skill w hile		
even with	under proactive,	reactive		acting completely		
assistance.	ongoing, and	supervision.		independently.		

direct

2. Distinguishes patients requiring acute care setting from those requiring critical or outpatient care.

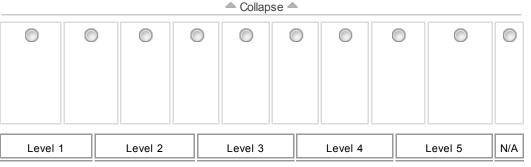
Examples include active phone triaging, understanding indication for admission, and identifying sick patients.\*

3. Provides transfer of care that ensures seamless transitions, ensuring a shared mental model among physicians and nurses, providing and modeling an effective handoff for interns.\*

4. Generates an evidenced-based diagnostic and treatment plan with appropriate contingencies, assuring patient safety while addressing the patient's primary complaint in addition to chronic medical and social needs.\*

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Level '	1		Level 2			Level 3			Level 4			Level 5	N/A
be trusted t	esident cannot e trusted to erform this skill ven w ith  Beginner: Resident can perform this skill under proactive,			Res perf und read	npetent: ident can form this s er indirect ctive ervision.	kill	Proficient: Resident can mostly act independently.			teach this s acting	tery: dent can n and model kill w hile g completely dendently.		
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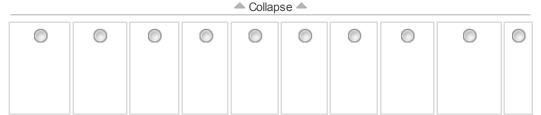
Novice: Uses standard medical interview template to prompt all questions. Does not vary the approach based on a patient's unique physical, cultural. socioeconomic. or situational needs. May feel intimidated or uncomfortable asking personal questions of patients.

Advanced Beginner: Uses the medical interview to establish rapport and focus on inform ation exchange relevant to a patient's or family's primary concerns. Identifies physical, cultural, psychological, and social barriers to communication, but often has difficulty managing them. Begins to use nonjudgmental questioning scripts in response to sensitive situations.

Competent: Proficient: Uses Uses the communication to interview to establish and effectively maintain a establish rapport. therapeutic Able to alliance. Sees m itigate bevond physical, cultural, stereotypes and psychological, w orks to tailor and social communication barriers in to the individual. A most situations. w ealth of Verbal and experience has nonverbal led to communication development of skills promote scripts for the trust, respect, gam ut of and difficult understanding. communication Develops scenarios. scripts to Able to adjust approach most scripts ad hoc difficult for specific communication encounters. scenarios.

Mastery: Connects with patients and families in an authentic manner that fosters a trusting and loval relationship. **Effectively** educates patients, families. and the public as part of all communication. Intuitively handles the gamut of difficult communication scenarios with grace and humility.

5. Evaluates own limitations and seeks help appropriately, delegating responsibilities when necessary and escalating to attending or activating rapid response teams when appropriate. Also performs self-directed learning to target limitations in knowledge.\*



#### **COMPREHENSIVE EVALUATION**

### Areas of Strength

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6. Please describe 2-3 areas of strength. Use vignettes, stories, or specific behaviors to demonstrate your point. \*

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Opportunities for Improvement							
7. Please describe 2-3 areas for improvement. Use vignettes or suggested behaviors to demonstrate your point. *							
8. I have reviewed most of this feedback in person with the resident at some point throughout our time working together*	No 🔻						
* Required fields   • Option description (place mouse over field to view)							
	Reset Form	Submit completed evaluation  Submit					