

CORE INTERNAL MEDICINE IN-TRAINING EVALUATION REPORT: Critical Care Unit (PGY 2 and 3)

Resident Name _____

Start Date _____ Stop Date _____

Rotation Location _____

Number of critical care rotations completed to date: 0 1 2 3

Introductory Comments re ITERS

The In Training Evaluation Report (ITER) is the key document used for the summative evaluation of a resident's performance on each rotation undertaken during the Core Internal Medicine program. Collectively, ITERS help to determine if a resident has acquired the knowledge and skills needed to successfully complete the Core Internal Medicine program and potentially, to practice independently as an internist.

There are two components to the ITER – the CanMEDS specific, itemized domains (subdomains) and the Global Rating Score. The latter reflects the overall performance on a given rotation. The following descriptors are offered as anchors for the numeric evaluation system used in the ITER. Most residents should be functioning at a level of "Meets Expectations". It is anticipated that 20-40% of residents will "Exceed Expectations" and 5-10% will be "Outstanding". *Scores of less than 3 are flagged.* While a single score of less than 3 on subdomain does not constitute a failure of the rotation, multiple scores of less than 3 should raise concern that the objectives of the rotation were not met in a satisfactory manner.

A successful rotation requires a 3 or higher on the Global Rating.

Anchors for Numeric Ratings

1. Unsatisfactory - Quality of performance in all or most aspects of performance is observably lower than normally seen in trainees in this postgraduate year; in some or many cases deficiencies are extreme and do not appear to be remediable within the regular program. Levels of proficiency relating to most educational objectives have not been achieved. Generally, the resident does not appear competent for level of training.

Expectation is that only in exceptional cases will residents be classified as unsatisfactory

2. Needs Improvement - Quality of some aspects of performance are at a lower level than expected for trainees at this PGY, some rotation specific objectives have not been fully achieved; deficiencies are not extreme and it is anticipated that acceptable levels of performance can be achieved with some coaching.

Expectation is that few residents should fall in this category.

3. Meets Expectations - Competent, Quality of performance is consistent with that normally seen in trainees in this postgraduate year and is consistent with levels of proficiency defined by the rotation objectives.

A resident in this category would be described as good.

Expectation is that most residents should fall in this category.

4. Exceeds Expectations - Quality of performance is superior to that normally seen in for trainees at this PGY level and consistently exceeds levels of proficiency defined by the respective statements of education objectives.

11. Manages clinical and educational commitments to reflect the need to provide optimal patient care and the dual role of the resident as care provider and learner

12. Appreciates the role of the physician in the allocation of scarce resources and implements patient care practices in consideration of these

E. HEALTH ADVOCATE

	1	2	3	4	5	U/A
13. Recognizes the role of aggressive and end-of-life/comfort care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Communicates benefits and risks of treatment choices to patients or delegates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Recognizes the hierarchy of consent, capacity and decision making for incapable individuals in the critical care setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1	2	3	4	5	U/A
16. Critically appraises medical information and applies it effectively to support clinical decision making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Contributes to discussions during clinical and teaching rounds in a manner that facilitates learning of the individual and of colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G. PROFESSIONAL

	1	2	3	4	5	U/A
18. Demonstrates integrity, honesty, compassion, and respect for diversity and maintains patient confidentiality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Demonstrates the ability to be punctual and reliable in the completion of clinical, administrative and educational duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Demonstrates insight into personal strengths and weaknesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H. OVERALL ASSESSMENT

21. Demonstrates a level of clinical competence to provide intensive care medicine care as outlined in the Objectives for this rotation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Comments:

Indicate the source(s) of information and/or documentation for this evaluation report:

- Chart Review
- Direct observation
- Formal rounds, journal club etc.
- Oral presentations on rounds
- Portfolio
- Other: details please:

Estimate of Resident Attendance:

- > 75%
- 51-75%
- < 50%

Comments:

Goals and Objectives and Face to Face Feedback	Yes	No	Comments
Were rotation educational Goals and Objectives discussed with the resident?			
Did you meet with the resident to discuss their performance?			