

Resident Ownership Skills Evaluation - Consults

“Knowing the Patient”

- Gathering/knowning the history, physical and mental status findings
- Gathering collateral, past treatment records, input from current outpatient providers
- Having updated knowledge of lab and test results, vital signs, nursing report, events of past day/night

Stage	What is the resident’s skill level?	What skills am I utilizing to raise the resident’s level of competency?
A-B: “This is different”	The resident is: <ul style="list-style-type: none"> • Aware of basic clinical data, initial chart review, and the clinical question • Functioning with some lapses in patient related knowledge 	Teaching/Coaching focuses on: <ul style="list-style-type: none"> • Demonstration of skills • Some deconstruction (breaking down skills into independent parts that are easier to understand) of what is being demonstrated
C-D: “I can do this”	The resident is: <ul style="list-style-type: none"> • Aware of all clinical data, complete chart review, and the clinical question • Functioning with only ever minor lapses in patient related knowledge 	Teaching/Coaching focuses on: <ul style="list-style-type: none"> • Observation of resident skills with less interruption • Ample opportunity for coaching and formative feedback after the fact
E-F: “I’ve got this”	The resident is: <ul style="list-style-type: none"> • Aware of all clinical data, complete chart review, and the clinical question • Functioning without any lapses in patient related knowledge • Resident has the greatest patient related knowledge base of any team member 	Teaching/Coaching focuses on: <ul style="list-style-type: none"> • Attending becoming a silent observer of resident skills • Ample opportunity for coaching and formative feedback after the fact

Resident: _____

Attending: _____

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“Managing the Day”

- Understanding the treatment plan, and thus knowing what needs to be done that day to carry out this plan
- Ensuring that needed tasks/activities are accomplished
- Conducting patient interviews and educating patients and family members to advance the treatment plan
- Understanding the roles, responsibilities, and specialized knowledge/expertise of different team members, and who to work with to accomplish various aspects of the treatment plan
- Communicating and working effectively with providers from other medical specialties
- Providing appropriate signout to covering providers (e.g. at night, when gone for clinic or didactics, etc.)

Stage	What is the resident’s skill level?	What skills am I utilizing to raise the resident’s level of competency?
A-B: “This is different”	<p>The resident is:</p> <ul style="list-style-type: none"> • Able to complete given instructions • Not fully able to understand all of the components of team-to-team communication • Completing sign-out without instruction • Able to complete patient interviews and initial family discussions with instruction • Needing instruction to complete follow up of care plans, lab results, and other patient care needs 	<p>Teaching/Coaching focuses on:</p> <ul style="list-style-type: none"> • The attending being very directive and instructive on expectations and logistics of day management, continuity of care, and communication needs. • Demonstration of skills • Some deconstruction (breaking down skills into independent parts) of what is being demonstrated
C-D: “I can do this”	<p>The resident is:</p> <ul style="list-style-type: none"> • Now more able to understand all of the components of team-to-team communication • Able to complete general patient interviews and family discussions without instruction • No longer needing to be instructed to complete follow up of care plans, lab results, and other patient needs 	<p>Teaching/Coaching focuses on:</p> <ul style="list-style-type: none"> • Beginning to require the resident to take the lead on execution of the logistics of day management, continuity of care, and communication needs • Planning for activities is collaborative; execution is generally not
E-F: “I’ve got this”	<p>The resident is:</p> <ul style="list-style-type: none"> • Able to understand and execute all of the components of team-to-team communication • Able to complete full patient interviews and complete family discussions without need for instruction or immediate support • Completes all follow up of all care plans and patient care needs 	<p>Teaching/Coaching focuses on:</p> <ul style="list-style-type: none"> • Requiring the resident to take the lead on execution of the logistics of day management, continuity of care, and communication needs. • Planning for activities continues to be collaborative, but the resident is required to take the lead in all care planning. • Coaching of the resident’s planning and management of the day

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“The Big Picture”

- Developing and providing an independent formulation and suggested treatment plan for a patient
- Understanding the patient’s hospitalization in the context of his/her overall life history and course of illness
- Participating actively with the team in developing the overall treatment plan for the patient’s hospitalization
- Advocating for the best possible care for the patient, during this hospitalization and beyond

Stage	What is the resident’s skill level?	What skills am I utilizing to raise the resident’s level of competency?
A-B: “This is different”	<p>The resident is:</p> <ul style="list-style-type: none"> • Completing independent patient interviews • Beginning to make suggestions for aspects of treatment plans • Not able to fully understand the patient’s hospitalization in the context of his/her life history and course of illness • Not understanding most aspects of patient advocacy in terms of treatment planning 	<p>Teaching/Coaching focuses on:</p> <ul style="list-style-type: none"> • Demonstration of skills • Some deconstruction of what is being demonstrated • Supporting resident initiative • Giving regular feedback • Encouraging more autonomy
C-D: “I can do this”	<p>The resident is:</p> <ul style="list-style-type: none"> • Creating basic treatment plans independently • Having a greater understanding of the patient’s hospitalization in the context of the his/her life history and course of illness, but does not yet form plans based on this understanding • Understanding of most aspects of patient advocacy in terms of treatment planning 	<p>Teaching/Coaching focuses on:</p> <ul style="list-style-type: none"> • Observation of resident skills • Supporting and requiring resident initiative • Pointing out where further initiative can be taken • Ample opportunity for coaching and formative feedback after the fact
E-F: “I’ve got this”	<p>The resident is:</p> <ul style="list-style-type: none"> • Constructing complex and complete care plans without prompting • Demonstrating an understanding of the outcomes of treatment plans and the needs of patients beyond what a patient can articulate • Understanding the patient’s hospitalization in the context of his/her life history and course of illness and uses this to guide treatment planning • Has a complete understanding of patient advocacy needs and provision of future care outside of the hospital 	<p>Teaching/Coaching focuses on:</p> <ul style="list-style-type: none"> • Attending functioning as a silent observer of resident skills • Attending now exclusively supporting resident taking initiative rather than instructing it • Ample opportunity for coaching and formative feedback after the fact

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“Leading the Team”

- Leading team meetings
- Directing the overall decision-making process regarding the patient’s treatment plan and hospital course
- Making day-to-day decisions to advance the treatment plan
- Supervising medical students
- Delegating tasks to other team members, appropriate to their roles, responsibilities, and expertise
- Educating team members about the rationale for daily and overall plans

Stage	What is the resident’s skill level?	What skills am I utilizing to raise the resident’s level of competency?
A-B: “This is different”	<p>The resident is:</p> <ul style="list-style-type: none"> • Able to participate in team activities as an active team member, but not as a leader • Able to direct students in basic tasks, but does little independent teaching of students 	<p>Teaching/Coaching focuses on:</p> <ul style="list-style-type: none"> • Demonstration of skills • Encouraging participation in meetings and leadership tasks • Deconstructing (breaking down skills into independent parts to make them easier to understand) the contributions of others during meetings
C-D: “I can do this”	<p>The resident is:</p> <ul style="list-style-type: none"> • Beginning to lead the team, patient, and family meetings • Initiating the planning of agendas and meetings, though needing guidance on structure and content • Able to fully direct medical students in their tasks • Engaging in independent teaching of students 	<p>Teaching/Coaching focuses on:</p> <ul style="list-style-type: none"> • Giving more leadership tasks to the resident • Supporting resident initiative • Formative feedback focused on skill building and an understanding of leadership skills and roles
E-F: “I’ve got this”	<p>The resident is:</p> <ul style="list-style-type: none"> • Leading team discussions, patients and families effectively without the need of aid from attendings • Taking primary responsibility for teaching and directing medical students 	<p>Teaching/Coaching focuses on:</p> <ul style="list-style-type: none"> • Attendings acting as silent observers or being absent • Continuing to support resident leadership • Discussion of leadership skills and coaching taking place after meetings and tasks are over

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What were the resident's strengths during this rotation in terms of ownership skills?

What skills did you and your resident focus on during this rotation?

How can the resident improve in the future?

What future ownership skill goals has the resident set for his/her next rotation?

What teaching/coaching skills/techniques has the attending been using that have been most helpful?

What teaching/coaching skills/techniques could the attending utilize that would further help the resident attain his/her goals?

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