McMaster Pediatric Residency Program
Portfolio
A Portfolio is:

- A collection of materials to demonstrate the breadth and quality of a student’s work and reflect upon and plan their further progress.
- A collection of materials that records and reflects on key events and processes in a professional’s career.
- A portfolio is a flexible multifaceted means of collecting evidence of the achievements of competence over time.

A Reflection is:

- Is a form of meta-cognition, thinking about thinking
- Allows a candidate to critically assess his or her own beliefs and actions while considering salient issues around the CanMEDS competencies to further improve his/her skills

All residents in the McMaster Pediatrics Program will maintain a portfolio. The portfolio is a mandatory component of the program. The purpose of the portfolio is to record activities and accomplishments in order to guide a resident’s progress. It will also help demonstrate the seven CanMEDS competencies achieved. It will help the resident reflect on their achievements and help guide their career as a resident. It will help the program director determine if a resident is progressing appropriately through the program.

The portfolio will be a paper based document. You will need to have your portfolio in a binder. The binder should be big enough to maintain your portfolio for 3-4 years. The binder should be divided into the following sections by divider pages. The binder should be brought to your formal bi annual review with your program director and should be reviewed with your advisor on a regular basis. Each section should have the documents outlined below. Essential roles and key competencies for CanMEDS 2005 and documents referred to below such as the procedure log, MGLA can be found at the end of this document.

1. CanMEDS: Resident as a Medical Expert
2. CanMEDS: Resident as a Communicator
3. CanMEDS: Resident as a Collaborator
4. CanMEDS: Resident as a Manager
5. CanMEDS: Resident as a Health Advocate
6. CanMEDS: Resident as a Scholar
7. CanMEDS: Resident as a Professional
Resident as a Medical Expert

- A copy of your rotational schedule for the year.
- A copy of each of your rotational evaluation forms.
- Copies of your learning contracts.
- A document outlining your learning strategies and learning goals for the year and how you have achieved these.
- A document outlining the electives you have taken detailing: when and where they have occurred and the specific goals and objectives and how these were achieved.
- Performance documents regarding your medical expertise and proficiency from patients/allied healthcare professionals during your rotations
- Your OSCE/MCQ/SAQ performances
- Your in-training results form the ABP(American Board of Pediatrics)
- Your Practice Long Cases
- All of your end of year summaries by your advisor
 Resident as a Communicator

- A reflection on how you have improved on your communication skills both written and verbal. Please provide a reflection every 6 months providing examples or teaching sessions that have helped you make a change, may be of assistance.
- Self evaluate your dictations. Use the attached scoring sheet to self evaluate your dictations, 2/6 months, 4/year.
Resident as a Collaborator

- A reflection on how you have improved on your collaboration skills. Please provide a reflection every 6 months; providing examples or teaching sessions that have helped you make a change, will be of assistance.
- Reflection on team meetings you may have run (1/yr)
- Reflection on conflict resolution if there were any
- Any off service evaluations of collaboration from allied health professionals/parents/family meetings/multidisciplinary rounds etc.
- Complete the reflective CAPE tool yearly (found at the end of this document)
- Have completed two evaluations/yr from the mock codes(PCCU/NICU/Trauma)
A reflection on career planning i.e. thoughts of future career goals and what you are doing to explore and achieve these goals. This should be done every 6 months.

All residents should have an administrative role, please list committee involvement and/or leadership roles and your achievements in these roles.

Responsible organizer for specific resident activities within the program.

Role as chief resident in the organization and structure of the residency program.
Resident as a Health Advocate

- Please describe your involvement with health advocacy, this can be hospital based and/or community based advocacy.
- Telephone consultative advice for the care of subspecialty patients
- Promoting health within the community through participation in specific clinics (e.g. SISO), camps and follow-up home care
- Member of community, school and regional health programs advocating for child health
Resident as a Scholar

- Maintain MGLA
- Maintain a procedure log
- List all conferences and courses attended (including NRP, PALS, ATLS etc.)
- Planned learning activities through the use of audio/video tapes, computer/internet CME
- List all teaching you have done (undergrad, postgrad, can include rounds, sit down sessions etc)
- Senior residents, have completed 2/year, an evaluation form from a junior resident (form attached)
- List preparation of presentations and examinations (undergraduate/postgraduate OSCE’s, MCQ’S, SAQ’S)
- List your Research/Scholarly project (competed and in progress)
  - Participation in the application for research grants/studies
  - Participation in research studies and clinical trials
  - List all publications, posters, abstracts and presentations under local/national/international
- List any exams taken with qualifications
Resident as a Professional

- List all professional memberships (CMPA, CPSO, OMA, AAP, PAIRO etc.)
- List any nominations, awards and achievements
- List patient surveys, institution audit activities and development of standards for professional/clinical practice, policies and procedures
- Personal letters supporting your commitment to patient care and the profile of McMaster Children’s Hospital
- Participation in fund raising activities for McMaster Children’s Hospital and community health agencies
- Reflect on an ethical issue encountered in a clinical setting. Resident may use information discussed during the ethics curriculum
## CanMEDS 2005 Physician Competency Framework

### Essential Roles and Key Competencies of Physicians

<table>
<thead>
<tr>
<th>CanMEDS Roles</th>
<th>CanMEDS Key Competencies</th>
</tr>
</thead>
</table>
| **Medical Expert** | function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care  
| | establish and maintain clinical knowledge, skills and attitudes appropriate to their practice  
| | perform a complete and appropriate assessment of a patient  
| | use preventive and therapeutic interventions effectively  
| | demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic  
| | seek appropriate consultation from other health professionals, recognizing the limits of their expertise |
| **Communicator** | develop rapport, trust and ethical therapeutic relationships with patients and families  
| | accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals  
| | accurately convey relevant information and explanations to patients and families, colleagues and other professionals  
| | develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop a shared plan of care  
| | convey effective oral and written information about a medical encounter |
| **Collaborator** | participate effectively and appropriately in an interprofessional healthcare team  
| | effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict |
| **Manager** | participate in activities that contribute to the effectiveness of their healthcare organizations and systems  
| | manage their practice and career effectively  
| | allocate finite healthcare resources appropriately  
| | serve in administration and leadership roles, as appropriate |
| **Health Advocate** | respond to individual patient health needs and issues as part of patient care  
| | respond to the health needs of the communities that they serve  
| | identify the determinants of health of the populations that they serve  
| | promote the health of individual patients, communities and populations |
| **Scholar** | maintain and enhance professional activities through ongoing learning  
| | critically evaluate information and its sources, and apply this appropriately to practice decisions  
| | facilitate the learning of patients, families, students, residents, other health professionals, the public, and others, as appropriate  
| | contribute to the creation, dissemination, application, and translation of new medical knowledge and practices |
| **Professional** | demonstrate a commitment to their patients, profession, and society through ethical practice  
| | demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation  
| | demonstrate a commitment to physician health and sustainable practice |
Residents will have to maintain a diary of attendance for all educational activities to meet the CANMEDS objectives of a resident as a Scholar and Manager. Residents are responsible for their own medical education credits for mandatory group learning activities within the residency program (1 credit = 1 hour). Thus it is imperative that all residents sign in for the group learning activities that they attend and also record the same in their diary. The diaries are to be handed in to Shirley Ferguson every 6 months - December and June. Staff are encouraged to set up rotations to allow residents to attend educational activities. The learning activities are split into mandatory and thus protected time and the rest of the activities are not protected but highly encouraged. Failure to acquire the appropriate number of credits will be accounted for in the residents’ professionalism component of their FITER and residents will also forfeit the benefit of their conference monies.

Mandatory/Protected Learning Activities and Credits Required:

**PGY-1**

- AHD Wednesdays 1:15-4:30  120 credits/year
- Grand Rounds Thursdays 12-1  20 credits/year
- Thursday Sessions: 8-9  25 credits/year

Other Learning Activities and Credits Required:

- Tuesday/Journal Club/medical school teaching/ward teaching:  20 credits/year
- Subspecialty Rounds(e.g. PICU/genetics/surgery etc)  25 credits/year
PGY-2

- AHD Wednesdays 1:15-4:30  100 credits/year
- Grand Rounds Thursdays 12-1  20 credits/year
- Thursday Sessions: 8-9  25 credits/year

Other Learning Activities and Credits Required:

- Tuesday/Journal Club/medical school teaching/ward teaching: 20 credits/year
- Subspecialty Rounds (e.g. PICU/genetics/surgery etc)  25 credits/year

PGY-3

- AHD Wednesdays 1:15-4:30  100 credits/year
- Grand Rounds Thursdays 12-1  20 credits/year
- Thursday Sessions: 8-9  28 credits/year

Other Learning Activities and Credits Required:

- Tuesday/Journal Club/medical school teaching/ward teaching: 20 credits/year
- Subspecialty Rounds (e.g. PICU/genetics/surgery etc)  25 credits/year

PGY-4

- AHD Wednesdays 1:15-4:30  100 credits/year
- Grand Rounds Thursdays 12-1  20 credits/year
- Thursday Sessions: 8-9  25 credits/year

Other Learning Activities and Credits Required:

- Tuesday/Journal Club/medical school teaching/ward teaching: 20 credits/year
- Subspecialty Rounds (e.g. PICU/genetics/surgery etc)  25 credits/year
The credits listed are the minimum required for each resident per year.

Conferences attended on Wednesdays count for one hour = one credit and should be claimed as AHD credits.

If you are preparing a talk claim 2 extra credits for prep time.

Attendance at journal club counts as 4 credits.

The above standards are based upon full time attendance in the program during the academic year and have been calculated to be reasonably achievable given offsite rotations and legitimate leaves such as vacation, conference and post call days. The requirements will be prorated for residents not present in the program for the full academic year (e.g. maternity leaves etc.). The requirements also include a certain amount of “grace” time given that residents are involved in patient care and may at times not be able to attend teaching activities because of clinical responsibilities on the wards.

Important Considerations of this Policy for the Residency Program:

1. Residents require an adequate attendance (as defined above and prorated for time of year and absences thus far) in order to be considered “in good standing” in the program (many forms from outside agencies such as licensing authorities etc. ask programs to judge this point explicitly).

2. A residents’ attendance record at mandatory group learning activities may be considered for promotion purposes.

3. If a resident is having difficulty meeting these attendance objectives, s/he may discuss the reasons for this with the program director and the requirements may be adjusted at the program director’s discretion (acting on behalf of the residency program committee).

4. Residents are strongly encouraged to complete the online version of PREP and hand in a printed version of the summary along with their MGLA points.
MGLA: Legitimate Missed days for Thursday Teaching and Grand Rounds

PGY 1

4 Thursdays for vacation
4 Thursdays for surgery rotation
8 Thursdays for NICU
1 Thursday for Conference leave
4 Thursdays St Joes
Total: 21

PGY –2

8 Thursdays for PICU
8 Thursdays for Elective
4 Thursdays for vacation
1 Thursday for conference leave
4 Thursdays for float
8 Thursdays for NICU
Total: 33

PGY-3

8 Thursdays for Elective
4 Thursdays for PICU
4 Thursdays for Vacation
1 Thursday for Conference leave
5 Thursdays for Float
Total: 22

PGY 4

8 Thursdays for Elective
4 Thursdays for Vacation
4 Thursdays for Float
1 Thursday for Conference leave
4 Thursdays for NICU/St Joes rotation
Total: 21
MGLA: Allowed missed days for Academic half day

PGY-1

4 Wednesdays for vacation
1 Wednesday for Conference leave
Total: 5

PGY-2

8 Wednesdays for Elective
4 Wednesdays for vacation
1 Wednesday for conference leave
4 Wednesdays for float
Total: 17

PGY-3

8 Wednesdays for Elective
4 Wednesdays for Vacation
1 Wednesday for Conference leave
5 Wednesdays for Float
Total: 18

PGY-4

8 Wednesdays for Elective
4 Wednesdays for Vacation
4 Wednesdays for Float
1 Wednesday for Conference leave
Total: 17

Total number of Thursday am teaching rounds
50

Total Number of Academic Half days
50
MGLA:

For each protected and mandatory teaching activity no more than 4 absences above the allotted missed days will be accepted, regrets must be sent before the presentation in order for the absences to be legitimate.

For exceptional circumstances such as a family emergency written notice is required and in the case of medical emergency a physician’s note before or after the date must be submitted.

A sign in sheet will mark attendance. Meeting attendance requirements for Thursday sessions and academic half day in the PGY1-PGY3 years will result in a total of two off call months granted. If attendance is not met, a single call free month will be granted per year.

Failure to meet attendance requirements for Thursday sessions and academic half day in the 4th year will be noted by the program director in reference letters requested for future employment.
Procedure Log

You are required to perform a minimum number of diagnostic and therapeutic procedures during your residency. Proficiency and competency of these procedures are one of the essential requirements in order to write your exams and successfully complete the program. It is essential that you document your procedures as well as the name of the staff supervisor; and ensure that they confirm the completion of the procedure as well as the proficiency to which it was preformed.

Your procedure logs should be reviewed yearly with your advisor. Please remember that you complete the majority of your core rotations by the end of your second year, and during these rotations you gain your skills with procedures (for example during your hematology-oncology rotation, you should complete all your required LP’s). If you wait until your 3rd and 4th year to record procedures you may find that you will fall short.

Below are the expected procedures to be completed during residency.

**Expected Procedures to be Completed during Residency**

Endotracheal intubation
- Neonatal/infant: 10
- Pediatric: 10

Venous access:
- Venipuncture
  - Neonatal: 5 (will be supervised by nursing staff; the resident will ask the responsible consultant to observe the procedure or the consultant must seek feedback from the nurses)
  - Pediatric: 5 (will be supervised by nursing staff; the resident will ask the responsible consultant to observe the procedure or the consultant must seek feedback from the nurses)

Intravenous access
- Neonatal: 5 (will be supervised by nursing staff; the resident will ask the responsible consultant to observe the procedure or the consultant must seek feedback from the nurses)
- Pediatric: 5 (will be supervised by nursing staff; the resident will ask the responsible consultant to observe the procedure or the consultant must seek feedback from the nurses)

- Intraosseous: 1
- Umbilical venous line: 5
- Central venous line: 2

Arterial access
- Arterial puncture
  - Neonatal: 1
  - Pediatric: 3
- Umbilical arterial line: 5
- Peripheral (pediatric): 3

Lumbar punctures: 5
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder Catheterizations</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>1</td>
</tr>
<tr>
<td>(will be supervised by nursing staff; the resident will ask the responsible consultant to observe the procedure or the consultant must seek feedback from the nurses)</td>
<td></td>
</tr>
<tr>
<td>Chest tube placements</td>
<td></td>
</tr>
<tr>
<td>Neonatal</td>
<td>3</td>
</tr>
<tr>
<td>Pediatric</td>
<td>1</td>
</tr>
<tr>
<td>Thoracentesis</td>
<td>1</td>
</tr>
<tr>
<td>SC/IM/ID Injection</td>
<td>5</td>
</tr>
<tr>
<td>Mock (or real) Codes</td>
<td></td>
</tr>
<tr>
<td>Neonatal/Infant</td>
<td>5</td>
</tr>
<tr>
<td>Pediatric</td>
<td>5</td>
</tr>
<tr>
<td>Gynecologic Exams</td>
<td>2</td>
</tr>
<tr>
<td>Naso/orogastric tube</td>
<td>5</td>
</tr>
<tr>
<td>(will be supervised by nursing staff; the resident will ask the responsible consultant to observe the procedure or the consultant must seek feedback from the nurses)</td>
<td></td>
</tr>
<tr>
<td>Bone Marrow</td>
<td>5</td>
</tr>
<tr>
<td>Heel stick (observed)</td>
<td>5</td>
</tr>
<tr>
<td>(does not require staff sign off)</td>
<td></td>
</tr>
</tbody>
</table>
Consultation Letter Rating Scale

<table>
<thead>
<tr>
<th>DATE:</th>
<th>NAME / level:</th>
<th>STAFF:</th>
</tr>
</thead>
</table>

1. **HISTORY:**  
Missing data, unfocused  
1 2 3 4  
All relevant data, focused  
5

2. **PHYSICAL EXAMINATION:**  
Relevant physical findings missing  
1 2 3 4  
All relevant physical findings described  
5

3. **SUMMARY OF CONSULTANT’S IMPRESSION**  
Key issues not addressed  
1 2 3 4  
All key issues identified and addressed  
5

4. **SUMMARY OF CONSULTANT’S MANAGEMENT PLAN**  
No definite plan  
1 2 3 4  
Clear investigation / management plan  
5

5. **BREVITY**  
Long paragraphs, wordy  
1 2 3 4  
Concise  
5

6. **CLARITY**  
Message unclear  
1 2 3 4  
Clear/organized  
5

7. **ORGANIZATION OF LETTER**  
Key information hard to find  
1 2 3 4  
Information easy to find / scannable  
5

8. **EDUCATIONAL VALUE OF LETTER TO REFERRING PHYSICIAN**  
No rationale for management; no specific educational points  
1 2 3 4  
Provides rationale or for recommendations (e.g. Practice guidelines)  
5

9. **OVERALL RATING OF LETTER**  
Letter unhelpful to referring physician  
1 2 3 4  
Informative, helpful letter  
5

Comments
<table>
<thead>
<tr>
<th>Professional Standard Met</th>
<th>CRITERIA</th>
<th>Need Learning &amp; Practice</th>
<th>Knowledgeable but need practice/ opportunity</th>
<th>Competent*</th>
<th>Teach/ Help others learn/ Expert</th>
<th>Learning Plan</th>
<th>Have I Done This? (✓)</th>
<th>Learning Goals Met (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Do I consistently…. Am I consistently able to…</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Examples:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>introduce self in a way that respects, connects with and engages other person by • stating name, role/profession and relationship with patient/client</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Attend/participate in IPE orientation course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>use body language and verbal language that sets positive tone for encounter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Participate in simulation activities (mock codes, OSCE stations, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>wear ID badges and other identifiers that are readily visible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>listen to and value the perspectives and contributions of others to care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>demonstrate understanding of, and respect for, other professional’s role and contribution to patient/client care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>clarify for others my involvement in the care team (e.g.. today, I am the nurse caring for X; today, I am the resident/MSI in charge of X; my name is X and I am drawing blood on X; I am the parent of X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>open to and appreciative of other professionals’ viewpoints, assessments, ideas and able to speak up about own ideas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>patient with other professional’s level of skills and abilities (novice practitioner vs. expert, MSI vs. 4th year resident;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>communicate and relate effectively in high stress situations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>appreciate perceived power imbalances and strive for equal partnership relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please provide examples of how you have demonstrated this indicator

1-CRNBC 2-College of … 3.
Examples of competent practice:

Areas to improve:
II. Roles and Responsibilities

**Definition:** Consult, seek advice and confer with other professionals based on clear understanding of their capabilities and expertise.

<table>
<thead>
<tr>
<th>Professional Standard Met</th>
<th>CRITERIA</th>
<th>Need Learning &amp; Practice</th>
<th>Knowledgeable but need practice/ opportunity</th>
<th>Competent *</th>
<th>Teach/ Help others learn/ Expert</th>
<th>Learning Plan</th>
<th>Have I Done This? (✓)</th>
<th>Learning Goals Met (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Do I consistently…. Am I consistently able to….</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. acknowledge and respect the contributions of others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. make an effort to learn about the roles and scope within HPA of other professionals with via conversations, reading notes, asking questions about other’s roles: (note: individualize this 'list' depending on your work environment and professionals you work with)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- physician</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- physiotherapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- occupational therapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- dietician</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- pharmacist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- respiratory therapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- psychologist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- social worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- child life specialist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- dentist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- speech language pathologist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- audiologist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- midwife</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- chaplain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- lactation consultant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- ________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. explain own role and the roles of others to other professionals and to patients and families.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please provide examples of how you have demonstrated this behaviour/indicator
CRITERIA

Do I consistently....
Am I consistently able to....

<table>
<thead>
<tr>
<th>Professional Standard Met</th>
<th>CRITERIA</th>
<th>Need Learning &amp; Practice</th>
<th>Knowledgeable but need practice/opportunity</th>
<th>Competent</th>
<th>Teach/Help others learn/Expert</th>
<th>Learning Plan</th>
<th>Have I Done This? (✓)</th>
<th>Learning Goals Met (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.</td>
<td>explain limitations of own role</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.</td>
<td>know when and how to involve other professionals in care such as through referrals, paging, consults, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.</td>
<td>understand and respect job requirements of other professionals that impact their availability (e.g., stay until 7 pm; see patients all across site; clinic in am, OR in pm; work night shift; cover all critical care areas, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.</td>
<td>act inclusively and aware of boundaries beyond own professional scope</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Examples of competent practice:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Areas to improve:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
### III. Partnering

*Definition:* Establish and maintain effective working partnerships with patients/families, other professionals, teams or organizations to achieve common goals.

<table>
<thead>
<tr>
<th>Professional Standard Met</th>
<th>CRITERIA</th>
<th>Need Learning &amp; Practice</th>
<th>Knowledgeable but need practice/opportunity</th>
<th>Competent*</th>
<th>Teach/Help others learn/Expert</th>
<th>Learning Plan</th>
<th>Have I Done This? (✓)</th>
<th>Learning Goals Met (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Do I consistently…. Am I consistently able to….</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. share decision-making when appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. trust others’ work and contribution to the partnership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. identify all professionals/members involved in the care situation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. identify and clarify the “key communicator” or “commonly accepted person” (identified by patient/client) with the patient/client/family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. clarify which professional will take a leadership role in coordinating care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. identify and share resources (community resources, work resources etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. articulate and focus on shared goals for patient/family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. articulate, co-develop and share common care plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. advocate for other professionals’ perspectives and expertise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. create a ‘safe’ space for honest and open dialogue, problem solving</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. explain rationale for decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. discuss options and plan care together with patient/family and other professionals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13. accepting of decisions made by team/client/patient once all options and evidence are provided and discussed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please provide examples of how you demonstrate this indicator/behaviour*

Examples: Complete Teamwork learning module
<table>
<thead>
<tr>
<th>Professional Standard Met</th>
<th>CRITERIA</th>
<th>Need Learning &amp; Practice</th>
<th>Knowledgeable but need practice/opportunity</th>
<th>Competent*</th>
<th>Teach/Help others learn/Expert</th>
<th>Learning Plan</th>
<th>Have I Done This? (✓)</th>
<th>Learning Goals Met (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do I consistently… Am I consistently able to…</td>
<td>14. able to resolve conflicts with other professionals when disagreements arise related to opposing opinions, decisions or viewpoints</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Examples of competent practice:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Areas to improve:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Evaluation of Senior Residents
(to be completed by any junior resident)

Please use the scale provided to evaluate this senior resident with respect to clinical abilities, interpersonal communication skills, professionalism and problem-based learning and improvement abilities. Use the prompts in each category to guide you. Please add comments to elaborate on your numerical evaluation.

5 = Always performs to the standards set forth in this category. Above average performance.
4 = Performs to the standards set forth in this category most of the time
3 = Sometimes performs to the standards set forth in this category. Satisfactory performance.
2 = Occasionally performs to the standards set forth in this category.
1 = Does not meet the standards set forth in this category. Unsatisfactory performance.

1. Clinical Abilities
   - Makes clinical decisions independently
   - Makes appropriate medical decisions
   - Is able to interpret patient data
   - Facilitates coordination of services and management of consultants

   Never  Sometimes  Always
   1       2       3       4       5
   - Frames clinical questions to consultants well
   - Appropriately prioritizes patient management issues
   - Triage work effectively

Please comment on resident's strengths/weaknesses in terms of clinical abilities.

2. Interpersonal Communication
   - Communicates well with nursing and ancillary staff
   - Relates appropriately to patients and their families

   1       2       3       4       5
   - Conveys important information to other residents
   - Acts as an effective team leader

Please comment on resident's strengths/weaknesses in terms of interpersonal communication skills.

3. Professionalism
   - Demonstrates honesty and integrity
   - Is respectful to patients and their families
   - Is sensitive to issues related to culture, age, disability and gender

   1       2       3       4       5
   - Is reliable (arrives for work/rounds on time, returns pages in a timely manner, etc.)
   - Takes responsibility for actions
   - Has a good work ethic and is a good team player

Please comment on resident's professionalism.

4. Practice-Based Learning and Improvement
   - Knows when to ask for help
   - Appropriately uses literature to answer clinical questions
   - Uses feedback to improve own performance

   1       2       3       4       5
   - Gives feedback to improve others' performance
   - Facilitates the learning of other residents and medical students