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End of Rotation Evaluation of	r Kesiae	ent by Faculty (R	(04/30/14)			
Evaluator:						
Evaluation of: Date:						
						
		_				
PATIENT CARE (PC) AND PROCEDUI Residents must be able to provide patie			propriate and			
effective for the treatment of health prob						
PC-1 Patient Interview						
	Has Not Achieved				Level 4	Level 5
	Level 1	Level 1	Level 2	Level 3	(Graduation Target)	(Aspirational) N/A
		 Obtains and documents basic history for 	 Acquires accurate and relevant problem-focused history for common ocular 	 Obtains relevant historical subtleties that inform and 	 Demonstrates, for junior members of the health care team, role model 	 Incorporates new information from literature to tailor
		ophthalmic complaint	complaints	prioritize both differential diagnoses	interview techniques to obtain subtle and reliable	interview questions
			 Obtains and integrates outside medical records 	and diagnostic plans, including	information from the patient, particularly for	Achieve by completion +24
			■ Achieve by 12 months	sensitive,complicated, and detailed	sensitive aspects of ocular conditions	months
				information that may not often be volunteered by the	■ Achieve by 36 months	
				patient		
				 Achieve by 24 months 		
				▲ Collapse ▲		
1. PC-1*						
Comments						
PC-2 Patient Examination						
	Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5 (Aspirational) N/A
		■ Describes	■ Performs and documents a	■ Performs problem-	■ Identifies subtle or	■ Incorporates into
		components of complete	complete ophthalmic examination targeted to a	focused examination and documents	uncommon findings of common disorders and	clinical practice new literature about
		ophthalmic examination	patient's ocular complaints and medical condition	pertinent to positive and negative findings	typical or common findings of rarer	examination techniques
		■ Performs the	■ Distinguishes between	■ Consistently identifies	disorders	■ Achieve by
		basic parts of a screening or	normal and abnormal findings	common abnormalities; may identify subtle findings	 Achieve by 36 months 	completion +24 months
		bedside eye examination without special	■ Achieve by 12 months	Achieve by 24		
		equipment		months		
				▲ Collapse ▲		
2. PC-2*						
Comments						
Comments						
DO 0 000 - D'						
PC-3 Office Diagnostic Procedures	Has Not					
	Achieved Level 1	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5 (Aspirational) N/A
		■ Deceribes rate of	Selects and/or performs	■ Interprets routine	■ Interprete unusual	
		■ Describes role of			 Interprets unusual 	■ Performs and
		office diagnostic procedures in	appropriate routine diagnostic tests and	findings; recognizes indications for	findings, identifies artifacts; employs	interprets findings at subspecialty
		office diagnostic procedures in diagnosis of ophthalmic	appropriate routine diagnostic tests and imaging procedures based on a patient's ocular	findings; recognizes indications for advanced diagnostic tests and imaging	findings, identifies artifacts; employs routine and advanced diagnostic tests and	interprets findings at subspecialty level
		office diagnostic procedures in diagnosis of	appropriate routine diagnostic tests and imaging procedures based	findings; recognizes indications for advanced diagnostic	findings, identifies artifacts; employs routine and advanced	interprets findings at subspecialty

				▲ Collapse ▲	■ Achieve by 36 months		
3. PC-3*							
Comments							
PC-4 Disease Diagnosis			1			1	
	Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5 (Aspirational)	N/A
		Describes basic clinical features of common ophthalmic disorders, (e.g., red eye, glaucoma, cataract, diabetic retinopathy)	Recalls and presents clinical facts of the hist and basic eye examina without higher level of synthesis, and generat least one item of the differential diagnosis for common ophthalmologi disorders Achieve by 12 months	es at Prioritizes potential causes of patient complaint; compares and contrasts diagnoses under consideration Generates more focused differential diagnosis and organized final assessment Achieve by 24 months	Organizes clinical facts in a hierarchical level of importance; identifies discriminating features between similar patients Generates focused differential and evaluation strategy to finalize diagnosis Verifies diagnostic assessments of junior members of health care team Achieve by 36 months	Incorporates most current literature findings in formulation of differential diagnoses Achieve by completion +24 months	
4. PC-4*				Collapse			
PC-5 Non-surgical Therapy	Has Not						
Į,	Achieved Level 1	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5 (Aspirational)	N/A
		■ Describes basic concepts of ophthalmic pharmacotherapy (e.g., most common topical diagnostic and therapeutic agents)	Describes categories of medications (e.g., lubric antibiotic, anti-inflamma anesthetic); describes basic phamacology of therapy and broad indications/contraindica for medical therapy of common ophthalmic conditions; describes routes of drug administration (e.g., toporal, periocular, intravenous) and dosing regimens Achieve by 12 months	medication for common ophthalmic diseases; monitors for adverse drug reactions and interactions Describes indications for oral and intravenous therapy; recognizes possible racial, gender, and	Manages and individualizes medical therapy for more complex ophthalmic conditions Recognizes indications for alternative therapies, including surgical intervention; integrates environmental/behavioral factors Manages complications Considers non-medical factors, such as cost, convenience, and ability to receive medication Demonstrates competence in intravitreal injections Achieve by 36 months	Adopts new therapies based on continuing medical education (CME) and literature review; identifies gaps in care and process for improvement Achieve by completion +24 months	
5. PC-5*				▲ Collapse ▲			
Comments PC-6 Non-Operating Room (OR) Surgery					, L	1	

	Achieved Level 1	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5 (Aspirational)	N/A
		Describes essential components of care related to non-OR surgery (e.g., informed consent, indications and contraindications for surgery, pertinent anatomy, anesthetic and operative technique, potential intraoperative and postoperative complications)	For each procedure: Lists indications and describes relevant anatomy and pathophysiology of disorder Identifies findings that are indicators for the procedure and potential postsoperative complications Describes anesthetic and surgical technique, mechanism of effect, and specific instruments required Performs directed preoperative assessment; administers anesthesia and performs procedure with direct supervision; provides appropriate postoperative care	 Administers anesthesia and performs procedure with indirect supervision Recognizes intraoperative and postoperative complications Achieve by 24 months 	Administers anesthesia and performs procedure with oversight supervision Manages intraoperative and postoperative complications Achieve by 36 months	Reviews individual outcome and process measures, and participates in practice improvement Achieve by completion +24 months	
			Achieve by 12 months	▲ Collapse ▲			
6. PC-6*							
Comments							
	-						
PC-7 OR Surgery	Has Not						
	Achieved Level 1	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5 (Aspirational)	N/A
		Describes essential components of care related to OR surgery (e.g., informed consent, indications and contraindications for surgery, pertinent anatomy, anesthetic and operative technique, potential intraoperative and postoperative complications)	For each specified procedure: Lists indications for procedure selection; describes relevant anatomy and instrumentation for procedures, including calibration and operation of the microscope; describes necessary postoperative care C. Identifies common intraoperative and postoperative complications, and performs postoperative care managing common complications Prepares and drapes for extraocular and intraocular procedures Describes methods for regional and general anesthesia Performs portions of selected Level 2 procedures Achieve by 12 months	Obtains informed consent and performs specified Level 3 procedures Identifies and manages less common intraoperative and postoperative complications Achieve by 24 months	Obtains informed consent and performs specified Level 4 procedures Identifies and manages uncommon intraoperative and postoperative complications Achieve by 36 months	Reviews individual outcome and process measures, and participates in practice improvement Achieve by completion +24 months	
7. PC-7*							
Comments							
PC-8 Consultation							
	Has Not Achieved Level 1	Level 1 Describes the role of	Level 2 Provides specific, responsive ophthalmologic	Level 3 Recognizes ophthalmic	Level 4 (Graduation Target) Identifies consultations requiring surgical	Level 5 (Aspirational) Participates in ophthalmic	N/A
		ophthalmology	consultation to other	emergencies and	intervention, including	subspecialty	

		consultation in systemic disease	medical specialties Recognizes urgent versus non-urgent ophthalmic consultation Examines inpatient at bedside, including visual acuity and field, portable slit lamp exam (+ fluorescein stain), intraocular pressure (IOP) measurement, ophthalmoscopy Communicates findings (written and oral) to consulting service Achieve by 12 months	immediate, necessary interventions Provides appropriate differential diagnosis and initiates nonsurgical treatment plan Orders ancillary testing; requests ophthalmic subspecialty involvement when indicated Maintains continuing communication with other involved medical specialists Achieve by 24 months	procedural options and timing Interprets ancillary tests, and formulates and initiates treatment plan independently Coordinates treatment plan with multiple specialties Achieve by 36 months	consultation when indicated Achieve by completion +24 months	
8. PC-8*							5
Comments							-
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MEDICAL KNOWLEDGE (MK) Resident must demonstrate knowledge of epidemiological, and social-behavioral sknowledge to patient care. Residents must he following core domains: General Med Ophthalmology; Optics and Refraction; O Neuro-Ophthalmology; Pediatric Ophthal Lacrimal System; Cornea, External Disea Cataract; Refractive Management and Int Glaucoma; Retina/Vitreous	ciences, a st demon icine; Fur phthalmic mology a se, and A ervention	is well as the applications well as the application is trate level-appropriate indementals and Princip. Pathology and Intraoc and Strabismus; Orbit, Einterior Segment Traun; Intraocular Inflammat	on of this knowledge in olles of cular Tumors; yelids, and na; Lens and ion and Uveitis;				
MK-2 Demonstrate level-appropriate ki	Has Not Achieved	applied to patient ma	nagement		Level 4	Level 5	
	Level 1	Level 1 Demonstrates level-appropriate knowledge for patient management on ophthalmology rotation	Level 2 Demonstrates level- appropriate knowledge for patient management on postgraduate year (PGY)-2 rotations Achieve by 12 months	Level 3 Demonstrates level-appropriate knowledge for patient management on PGY-3 rotations Achieve by 24 months	(Graduation Target) Demonstrates level-appropriate knowledge for patient management on PGY-4 rotations Achieve by 36 months		I/A
9. MK-2*							
Comments SYSTEMS-BASED PRACTICE (SBP)							_
Residents must demonstrate an awarene and system of health care, as well as the system to provide optimal health care.							
SBP-1 Work effectively and coordinate	patient c	are in various health o	care delivery systems				
	Achieved Level 1	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5 (Aspirational) N	I/A
		Describes basic levels of systems of care (self- management to societal)	Describes systems of care within residency program Demonstrates awareness of need for safe transitions of care; lists potential impediments to safe and efficient transitions of care within and between systems Achieve by 12 months	 Identifies impediments to safe and efficient transitions of care within and between systems Manages routine transitions safely Achieve by 24 months 	Proposes solutions to impediments to safe and efficient transitions of care within and between systems Manages complex transitions of care within and between systems Demonstrates leadership potential for systems changes	Leads systems change at micro and macro levels Achieve by completion +24 months	

■ Achieve by 36 months

10. SBP-1*				Collapse		
Comments						
SBP-2 Incorporate cost-effectiveness,	risk/bene	efit analysis, and IT to	promote safe and effective pa	tient care		
,	Has Not Achieved	, , , , , , , , , , , , , , , , , , ,			Level 4	Level 5
	Level 1	Level 1 Describes	Level 2 Describes scenarios in	Level 3 Often practices cost-	(Graduation Target) Consistently practices	(Aspirational) N//
		scenarios in which physician may affect cost-	which ophthalmologist may affect cost-effectiveness in patient care	effective care Achieve by 24	cost-effective care Applies risk-benefit	effective care and use of risk-benefit analyses within
		effectiveness in patient care	Describes specific cost options for most frequently	months	analyses in ophthalmic care	health care system Recommends
		Explains the role of the Electronic	ordered tests and medications		Contributes to reduction of risks of automation	systems re-design for faulty
		Health Record (EHR) in prevention of	 Utilizes EHR, where available, to order tests and 		and computerized systems by reporting system problems	processes Achieve by
		medical errors	reconcile medications for patients		■ Achieve by 36 months	completion +24 months
			 Uses information systems for patient care, including literature review 			
			Achieve by 12 months			
44 ODD 0*		_		▲ Collapse ▲		
11. SBP-2*						
SBP-3 Work in inter-professional team		nce patient safety, ide	entify system errors, and imple	ment solutions		
	Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5 (Aspirational) N/A
		 Describes epidemiology of 	Reports problematic processes, including errors	 Analyzes causes of adverse events 	Develops content for and facilitates patient	Creates curriculum to teach teamwork
		and differences between medical	and near misses to supervisor	analysis (RCA)	safety morbidity and mortality (M & M) conference focusing on	skills to health care professionals
		errors, near misses, and sentinel events	 Defines process for safe and efficient patient hand- offs, including basic 	 Applies process for safe and efficient patient hand-offs, 	systems-based errors in patient care	Achieve by completion +24
		Describes role of teamwork and	communication techniques Achieve by 12 months	including basic communication techniques	 Supervises communication process for patient hand-offs and 	months
		communication failure as a	- Achieve by 12 months	Achieve by 24	on-call responsibilities	
		leading cause of preventable patient harm		months	 Analyzes shared team experience (e.g., procedure) with 	
					debriefing to solve problems	
				▲ Collapse ▲	Achieve by 36 months	
12. SBP-3						
Comments						
PRACTICE-BASED LEARNING AND IN	/PROVEM	ENT (PBLI)				
Residents must demonstrate the ability to		` '	care of nationts to			
appraise and assimilate scientific eviden						
appraise and assimilate scientific eviden based on constant self-evaluation and lif skills and habits to be able to meet speci	nce, and to felong lear	continuously improve rning. Residents are e	patient care			

+. Ose illioilliation technology t	o optimize learning Has Not					
	Achieved Level 1	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5 (Aspirational)
		Identifies gaps in personal knowledge and expertise Accepts feedback appropriately Demonstrates ability to utilize online resources for patient care	Assess performance by self-reflection and review of feedback and evaluations Develops a learning plan, based on feedback, with supervision Utilizes review articles or practice guidelines to answer specific questions in clinical practice Achieve by 12 months	Develops learning plan independently with accurate assessment of competence and areas for continued improvement Often utilizes appropriate evidence-based medicine to answer specific questions while providing care Achieve by 24 months	Utilizes self-directed learning with little external guidance Consistently uses evidence-based medicine to answer specific questions while providing care Utilizes system or process for staying abreast of relevant changes in clinical practice Achieve by 36 months	Contributes to development of best evidence supporting clinical practices Achieve by completion +24 months
. PBLI-1				Collapse		
omments						
HINGING						
DI 101 1				-101		
BLI-2 Locate, appraise, and a	Has Not	om scientific studi	ies related to their patients' he	alth problems		
	Achieved Level 1	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5 (Aspirational)
		Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning Categorizes design of a research study	Ranks study designs by validity and generalizability to larger populations, and identifies critical threats to study validity Distinguishes relevant research outcomes from other types of evidence Cites evidence supporting several commonly used techniques in own practice Achieve by 12 months	 Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses, and clinical practice guidelines Critically evaluates information from others, including colleagues, experts, pharmaceutical representatives, and patients Achieve by 24 months 	Demonstrates a clinical practice that incorporates principles and basic practices of evidence-based practice and information mastery Achieve by 36 months	Independently teaches and assesses evidence-based medicine and information mastery techniques Achieve by completion +24 months
				▲ Collapse ▲		
I. PBLI-2*						
omments						
PROFESSIONALISM (PROF)						
Residents must demonstrate a		g out professional re	esponsibilities			
nd an adherence to ethical pri		are: concitivity sad	responsiveness to diverse pa	stiant nanulations		
i Gompassion, integrity	Has Not	, sensitivity and	responsiveness to diverse pa	nioni populations		
	Achieved Level 1	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5 (Aspirational)
		Recognizes and never participates in verbal or physical abuse of patients, peers, staff, or supervisors, or sexual harassment Recognizes and	Consistently demonstrates behavior that conveys caring, honesty, and genuine interest in patients and families Demonstrates compassion, integrity, respect, sensitivity, and responsiveness	Exhibits these characteristics consistently in most relationships and situations Consistently recognizes cultural and socioeconomic issues in patient care	Exhibits these characteristics consistently in complex and complicated situations Mentors junior members of the health care team Achieve by 36 months	Role models behavior demonstrating compassion and respect for others, and for cultural and socioeconomic issues in patient care Develops
		never participates in discrimination based on gender, age, culture,	Exhibits these characteristics consistently in common and uncomplicated situations	 Achieve by 24 months 		organizational policies and education to support the

		disability, sexual orientation, or socioeconomic status Achieve by 6 months	Usually recognizes cultural and socioeconomic issues in patient care Achieve by 12 months	▲ Collapse ▲		principles Achieve by completion +24 months
15. PROF-1*						
Comments						
PROF-2 Responsiveness to patient need	eds that su	upersedes self-intere	est			
	Achieved Level 1	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5 (Aspirational) N/A
		Recognizes and never demonstrates refusal to perform assigned tasks, answer pages or calls, or avoidance of scheduled call duty	Almost always completes patient care tasks promptly and completely; is punctual; is appropriately groomed Manages fatigue and sleep deprivation Identifies impact of personal beliefs and values on practice of medicine Achieve by 12 months	Consistently completes patient care tasks promptly and completely Manages personal beliefs and values to avoid negative impact on patient care Achieve by 24 months	Mentors junior members of the health care team to manage barriers to effective patient care Achieve by 36 months	Role models behavior demonstrating compassion and respect for others Develops organizational policies and education to support the application of these principles Achieve by
						completion +24 months
16. PROF-2*				Collapse		
PROF-4 Accountability to patients, soc	iety and th	he profession				
	Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5 (Aspirational) N/A
		Recognizes and never participates in: deception regarding level of education and experience; demeaning other practitioners; plagiarism, falsification of records, misrepresentation of education Almost always completes medical record-keeping tasks promptly and completely Always identifies self as resident to patients	scenarios Consistently completes medical record-keeping tasks promptly and completely Almost always recognizes limitations and requests help or refers patients when appropriate Achieve by 12 months	Consistently recognizes and takes appropriate steps to manage simple conflict of interest scenarios Consistently completes medical record-keeping tasks promptly and completely Consistently acts within limitations and seeks help when appropriate Achieve by 24 months	Consistently recognizes and takes appropriate steps to manage more complex conflict of interest scenarios Achieve by 36 months	Assumes leadership and mentoring role in management of more complex conflict of interest scenarios Develops organizational policies and education to support the application of these principles Achieve by completion +24 months
		 Achieve by 6 months 				
				▲ Collapse ▲		
17. PROF-4*						
Comments						

INTERPERSONAL AND COMMUNICATION SKILLS (ICS) Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals ICS-1 Communicate effectively with patients and families with diverse socioeconomic and cultural backgrounds 1. Rapport development 2. Interview skills 3. Counsel and educate 4. Conflict management Has Not Level 4 Level 5 Level 1 Level 1 Level 2 Level 3 (Graduation Target) (Aspirational) N/A Develops positive relationship with Develops working Uses appropriate Sustains working Counsels patients strategies to communicate with relationships in complex regarding unusual patients in complex and challenging situations across or experimental vulnerable populations and their families uncomplicated specialties and systems of situations, including therapies, including clinical trial situations care transitions of care participation when indicated Counsels patients at appropriate level for Demonstrates effective Describes factors Actively seeks integration of all available that affect comprehension regarding communication information from sources of information Mentors junior disease, and engages in multiple sources, when gathering patientmembers of the (e.g., language, use of interpreters, other shared decision making including consultations related data health care team to improve Negotiates and manages Counsels patients family in the communication Counsels patients regarding emotionally regarding impact of higher risk disease and simple patient/family-related depression anxiety, and cognitive Achieve by difficult information. intervention: directs ■ Achieve by 12 months such as blindness; patients to resources completion +24 impairments) uses appropriate months Negotiates and manages conflict in complex situations Engages in active breaking bad news" listening, teach-back, and other Achieve by 24 Achieve by 36 months months strategies to understanding Collapse 18. ICS-1* Comments ICS-2 Communicate effectively with physicians, other health professionals, and health related agencies 1. Comprehensive, timely, and legible medical records 2. Consultation requests 3. Care transitions 4. Conflict management Has Not Achieved Level 1 (Graduation Target) N/A Level 3 Level 1 Level 2 (Aspirational) Produces Performs more ■ Effectively and ethically Produces comprehensive, Develops timely, and legible ophthalmic medical records comprehensive complex subspecialty uses all forms of models/approaches timely, and legible care transitions; communication, including to managing difficult non-ophthalmic ensures accurate face-to-face, telephone. communications Recognizes need for, identifies, and requests medical records documentation and electronic, and social Manages conflicts face-to-face media Describes appropriate consultant communication where with superiors and payers importance and Coordinates multiple needed Performs appropriate basic procedure for consultants request of consultation ophthalmology care Manages conflicts within department Achieve by completion +24 Manages complex multisystem care months ■ Lists steps for Manages conflicts within Achieve by 24 transitions peer group appropriate care months transition Achieve by 36 months ■ Achieve by 12 months ■ Manages one-on-Collapse 4 19. ICS-2* Comments ICS-3 Work effectively as a member or leader of a healthcare team or other professional group 1. Clinical team (outpatient clinic, inpatient consult service) 2. Operating room team

3. Professional workgroup (e.g. Ql commi	ittee)						
	Has Not Achieved Level 1	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5 (Aspirational)	N/A
		 Understands concept of the medical team with respect to clinical care, medical research, and quality improvement Defines purpose of various teams in which he or she participates 	Describes role and responsibility of each team member Prepares for team role and fulfills assignments Follows institutional policies Achieve by 12 months	Implements team activities as directed by team leader Identifies individual vs. group collaborative roles Achieve by 24 months	Selects, evaluates, provides feedback, and remediates team members Develops goals and strategies for various departmental team activities Delegates activities to team members and oversees them appropriately Achieve by 36 months	Develops institutional and organizational strategies to improve team functions Trains physicians and educators to develop effective teams for clinical care, medical research, and quality improvement Achieve by completion +24 months	
20. ICS-3*							
Comments							
General Comments *							