# **TEMPLATE: IM Evaluation Form for End-of-Rotation Evaluation by Faculty**

# **ICU PGY-1**

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| # | Question Stem  **Rotation:** ICU  **Rotation Director(s):**  **Location:**  **Training Year:** PGY-1  **Length of Rotation:** | Needs significant intervention | Needs improvement | Below expected level of training | Meets expected level of training | Exceeds expected level of training | Did not Observe |
| Goal(s) of Rotation | | | | | | | | |
| 1 | Development of initial skills in the ICU environment |  |  |  |  |  |  |
| Patient Care | | | | | | | | |
| 2 | Organizes and accurately summarizes information obtained from the patient evaluation to develop a clinical impression |  |  |  |  |  |  |
| 3 | Uses electronic health record (EHR) for ICU patient care activities |  |  |  |  |  |  |
| 4 | Performs a general physical examination while attending to patient comfort and safety |  |  |  |  |  |  |
| Medical Knowledge | | | | | | | | |
| 5 | Explains the rationale, risks, and benefits for common diagnostic testing in the ICU |  |  |  |  |  |  |
| Systems-based Practice | | | | | | | | |
| 6 | Demonstrates knowledge of care coordination in the ICU |  |  |  |  |  |  |
| Practice-Based Learning and Improvement | | | | | | | | |
| 7 | Demonstrates how to access, categorize, and analyze clinical evidence, with guidance for ICU patients |  |  |  |  |  |  |
| Professionalism | | | | | | | | |
| 8 | Performs administrative tasks and patient care responsibilities in the ICU, with prompting |  |  |  |  |  |  |
| 9 | Demonstrates knowledge of basic ethical principles for situations in the ICU |  |  |  |  |  |  |
| Interpersonal and Communication Skills | | | | | | | | |
| 10 | Accurately documents comprehensive and current information for patients in the ICU setting |  |  |  |  |  |  |
| Comments (NOTE: This is the most MEANINGFUL part of the evaluation for the resident) | | | | | | | | |
| 11 | Provide one to two items that the resident did well during the rotation | Free text | | | | | |
| 12 | Provide one to two items that the residents can do to change their practice. These need to be actionable items that they incorporate into their daily practice. | Free Text | | | | | |
| Administrative Questions | | | | | | | | |
| 13 | Did you discuss the content of this evaluation with the resident in a face-to-face meeting before the end of the rotation? | \_\_\_ Yes \_\_\_ No | | | | | |
| 14 | Are you aware or did you provide mid-rotation feedback to this resident about ways they can improve? | \_\_\_ Yes \_\_\_ No  \_\_\_ I am not aware of any mid-rotation feedback | | | | | |
| Confidential Section:  NOTE: “Yes” responses should trigger automatic emails to the PD. | | | | | | | | |
| 15 | Do you have concerns about this resident passing this rotation (Confidential)? | \_\_\_ Yes \_\_\_ No | | | | | |
| 16 | Did the resident exhibit signs of excessive fatigue, significant stress, burnout, or other concerns for well-being during this rotation? (Confidential) | \_\_\_ Yes \_\_\_ No | | | | | |

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