



Alex Crist
PRG 3
Providence Sacred Heart Medical Center
Internal Medicine
IM:CICU
01/15/2024 - 01/19/2024

Evaluated by: **James Madrian, M.D.**
Faculty
Completed On: **3/8/2024**

ICU IM Senior and Intern

Senior and Intern evaluation

1* PC3: Regarding this resident's clinical reasoning and avoidance of bias, they:

Level 1	Level 2	Level 3	Level 4	Level 5
Summarize data to create a broad clinical impression.	Build an appropriate basic differential in a simple patient presentation (such as hyponatremia or sepsis)	Are entrusted to create a thorough, prioritized differential for common presentations, without anchoring to their top diagnosis as the case evolves.	Evaluate complicated multisystem disease, including the interplay between multiple systems' involvement. This may include rare diagnoses as appropriate. They can function independently in this aspect of patient care.	They can teach the formation of an advanced differential to learners on the team.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

☐ Not applicable

2* MK2: Regarding therapeutic medical knowledge in the ICU, the resident:

Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes the first line therapeutic option (antibiotics, pressors, etc.) for common medical problems in the ICU (shock, hypoxic respiratory failure, delirium, etc.)	Can identify the indications vs contraindications of common therapies and can recognize when to escalate or de-escalate therapies (e.g. name benefits vs risks of thoracentesis for a parapneumonic effusion, using culture data to narrow antibiotics).	Recognizes therapeutic options beyond the first line and utilizes awareness of patient's comorbid conditions to tailor therapy. Still requires intermittent supervision for less common ICU medical conditions	Independently treats large range of ICU medical conditions.	Is consistently aware of the latest literature and emerging therapies in critical care medicine and can be relied upon to teach other members of the team.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

☐ Not applicable

3* MK3: Knowledge of diagnostic testing through various disease states

Level 1	Level 2	Level 3	Level 4	Level 5
The resident can explain common diagnostic tests (eg, EKG, UA, Xray, thoracentesis, etc), rationale, risks and benefits and interpret the results of the test.	The resident can explain complex diagnostic testing, rationale for risks and benefits and is able to interpret the results. (e.g. what are the rationale, risks and benefits of obtaining or not obtaining a D-dimer in the setting of dyspnea).	The resident can choose among multiple tests to make a high probability diagnosis, demonstrating they understand test characteristics. (eg., interprets an ABG to determine co-existing acid-base disorders in the setting of encephalopathy).	The resident is able to use the most effective test to evaluate a patient with comorbid conditions or multisystem disease, while understanding its limitations (eg, compares the risks, benefits and test characteristics of various methods of colon cancer screening in a patient on anticoagulation for a mechanical valve).	The resident demonstrates a nuanced understanding of emerging diagnostic tests and procedures (eg., discusses the application of a new genetic array in the staging of cancer).
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ Not applicable

4* PBL11: Evidence-Based and Informed Practice

Level 1	Level 2	Level 3	Level 4	Level 5
The resident needs guidance with finding clinical information (Need assistance with UpToDate/Dynamed).	The resident is able to find and access evidence-based interventions (they know how to find accurate information on UpToDate/Dynamed/Maj or Society Guidelines/Review Articles).	The resident can seek out structured pre-appraised primary literature. (they look up individual articles that may help them with a clinical question).	The resident can apply the best evidence available and tailor intervention to individual patients (they look up individual articles AND are able determine if it applies to their patient).	The resident can teach others how to critically appraise primary literature and is exemplary in their use of the evidence base.
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ Not applicable

5* ICS1: Regarding the resident's conversations with a patient's family (i.e. care conferences, bedside or telephone conversations):

Level 1	Level 2	Level 3	Level 4	Level 5
I would want to be present for all communications, and supervise follow through. I expect the resident will be respectful in their interactions.	They are entrusted to provide simple updates without supervision in an appropriate manner (with awareness of language/culture/level of education)	They can tackle difficult interactions with minimal help.	Start to finish, they can handle all communication without my involvement.	They can be entrusted to communicate independently and even teach these skills to other physicians.
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ Not applicable

6* ICS2: Regarding the resident's communication with other members of the healthcare team (eg responding to nursing staff questions/call pages, calling consults, coordinating consultant recommendations, providing feedback to colleagues):

Level 1	Level 2	Level 3	Level 4	Level 5
The resident responds to calls, pages and in-basket messages in a timely fashion and is polite when communicating.	The resident is able to call a consultation with a clear, concise clinical question. They aid junior learners with basic communication skills such as oral presentations and seek feedback how they can improve their own communication styles.	They seek true understanding of recommendations or requests by asking questions or repeating back recommendations. They give effective feedback to team members using specific examples.	The resident can coordinate the recommendations of multiple consultants to negotiate a shared treatment plan. They are able to reconcile conflict within the healthcare team and provide difficult feedback.	They are exemplary: they can teach others in navigating complicated or difficult communication situations.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

☐ Not applicable

7 Was there a professionalism concern with this resident?

None

Overall Comment:

My evaluation is limited in part by only 5 days spent with resident and the Cardiac ICU is a challenging environment with some key differences to the MICU environment

Signatures

James Madrian

Alex Crist
pending...

Add Comment

☐ I want to add a Confidential Comment (to Program Director only)