## Evaluation Forms

### Sample B: 360 Degree Evaluation Survey

**Definitions**

**Critical Deficiencies**: These learner behaviors are not within the spectrum of developing competence. Instead they indicate significant deficiencies in a fellow’s performance.

**Novice/Advanced Beginner**: Describes behaviors of a relatively early learner. Follows ‘rules’ as they are learned and can apply to some new situations. Learns from the experience.

**Proficient**: Describes behaviors of a fellow who is advancing and demonstrating improvement in performance related to specific competencies or milestones. Uses systematic approaches, but the big picture is in mind. Prioritizes problems better and relies on team more.

**Ready for Unsupervised Practice**: Describes behaviors of a fellow who substantially demonstrates the competencies or milestones for a physician who is ready for unsupervised practice. This column is designed as the graduation target, but the fellow may display this level of competency at any point during fellowship.

**Aspirational**: Describes behaviors of a fellow who has advanced beyond those competencies or milestones that describe unsupervised practice. This level of competence reflects that of an expert or role model and can be used by programs to facilitate further professional growth. It is expected that only a few exceptional fellows will demonstrate these behaviors and level of competence. Accurately assesses situation and intuitively sees how to deal with it. Able to adjust ‘rule’ when needed and easily explains thinking.

#### Patient and family care

#### Gathers accurate and critical information from all pertinent sources

#### Prognosticates effectively

#### Provides care sensitive to age, gender, sexual orientation, culture, disability, and spiritual preferences

#### Bases treatment on best evidence, clinical judgment, patient and family preference

#### Collaborates with team members to negotiate, implement and document the plan of care

#### Assesses, manages, and reviews accurately and in a timely manner, each of the patient’s issues within all domains

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| --- | --- | --- | --- | --- | --- |
| Not yet assessable | Critical deficiencies | Novice / Advanced beginner | Proficient | Ready for unsupervised practice | Aspirational |

Optional, but consider commenting (opportunity for overall comments below).

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#### 2. Medical Knowledge

#### Critically evaluates and utilizes medical evidence

#### Analyzes complex medical situations, proposes systematic approaches to guide problem-solving

#### Identifies local and regional resources to inform and support patients, family and informal caregivers

#### Uses best practices to guide delivery of palliative care

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| --- | --- | --- | --- | --- | --- |
| Not yet assessable | Critical deficiencies | Novice / Advanced beginner | Proficient | Ready for unsupervised practice | Aspirational |

Optional, but consider commenting (opportunity for overall comments below).

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#### 3. Systems-based practice

#### Integrates knowledge of health care delivery systems when developing each plan of care

#### Works effectively with professionals outside team (eg, primary service, consultants, nursing, ancillary professionals)

#### Recognizes system error and advocates for system improvement

#### Identifies forces that impact the cost of health care, and advocates for and practices cost-effective care

#### Transitions patients effectively within and across health delivery systems

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| --- | --- | --- | --- | --- | --- |
| Not yet assessable | Critical deficiencies | Novice / Advanced beginner | Proficient | Ready for unsupervised practice | Aspirational |

Optional, but consider commenting (opportunity for overall comments below).

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#### 4. Practice-based learning and improvement

#### Learns and improves at the point of care

#### Learns and improves via feedback, reflects and grows from positive and constructive feedback

#### Uses library, internet and colleagues to efficiently manage information

#### Demonstrates strategies and habits that support life-long learning

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| --- | --- | --- | --- | --- | --- |
| Not yet assessable | Critical deficiencies | Novice / Advanced beginner | Proficient | Ready for unsupervised practice | Aspirational |

Optional, but consider commenting (opportunity for overall comments below).

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#### 5. Professionalism

#### Assesses personal behavior accurately; accepts responsibility for errors

#### Responds to requests for assistance and provides follow-up in a timely manner

#### Honors and respects patients, families, and colleagues, maintains confidentiality

#### Responds to each patient’s unique characteristics and needs

#### Exhibits integrity and ethical behavior in professional conduct

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| --- | --- | --- | --- | --- | --- |
| Not yet assessable | Critical deficiencies | Novice / Advanced beginner | Proficient | Ready for unsupervised practice | Aspirational |

Optional, but consider commenting (opportunity for overall comments below).

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#### 6. Interpersonal and communication skills

#### Communicates effectively (verbal [including phone], non-verbal, written) with IDT and referring team

#### Notes, prescriptions, and other documentation is comprehensive and timely

#### Balances inquiry with advocacy

#### Facilitates decision-making effectively (eg, goals of care, advance care planning, therapy withdrawal, etc.)

#### Facilitates family meetings effectively, even when there is strong emotion and conflict

#### Uses age appropriate interventions to counsel patients/families

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| --- | --- | --- | --- | --- | --- |
| Not yet assessable | Critical deficiencies | Novice / Advanced beginner | Proficient | Ready for unsupervised practice | Aspirational |

Optional, but consider commenting (opportunity for overall comments below).

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#### 7. Please provide overall comments! What did the fellow do well? What are the fellow’s growing edges?

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The following section is optional. We hope you will fill it out and give us feedback.

**Entrustable Professional Activities (EPAs)** are observable and measurable tasks (activities) that characterize core physician practice within a given specialty or subspecialty, entrusted to a trainee to perform without direct supervision after he or she has attained sufficient specific competence. EPAs require knowledge, skills, and attitudes to execute the activity effectively. Individual EPAs cover one or more of the six competencies above. While there are not prescribed timelines for successfully achieving EPAs, it is expected that fellows will be able to perform all without direct supervision prior to graduation.

#### 8. EPAs

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| --- | --- | --- | --- |
|  **EPA** | **Not applicable to this rotation** | **Not yet able to perform without direct supervision** | **Able to perform without direct supervision** |
| Provide comprehensive pain assessment and management for patients with serious illness | Provide comprehensive pain assessment and management for patients with serious illness, not applicable to this rotation | Provide comprehensive pain assessment and management for patients with serious illness, not yet able to perform without direct supervision | Provide comprehensive pain assessment and management for patients with serious illness, able to perform without direct supervision |
| Provide comprehensive non-pain symptom assessment and management for patients with serious illness | Provide comprehensive non-pain symptom assessment and management for patients with serious illness, not applicable to this rotation | Provide comprehensive non-pain symptom assessment and management for patients with serious illness, not yet able to perform without direct supervision | Provide comprehensive non-pain symptom assessment and management for patients with serious illness, able to perform without direct supervision |
| Manage palliative care emergencies | Manage palliative care emergencies, not applicable to this rotation | Manage palliative care emergencies, not yet able to perform without direct supervision | Manage palliative care emergencies, able to perform without direct supervision |
| Estimate and communicate prognosis to aid medical decision-making | Estimate and communicate prognosis to aid medical decision-making, not applicable to this rotation | Estimate and communicate prognosis to aid medical decision-making, not yet able to perform without direct supervision | Estimate and communicate prognosis to aid medical decision-making, able to perform without direct supervision |
| Establish goals of care based on patient and/or family values and specific medical circumstances | Establish goals of care based on patient and/or family values and specific medical circumstances, not applicable to this rotation | Establish goals of care based on patient and/or family values and specific medical circumstances, not yet able to perform without direct supervision | Establish goals of care based on patient and/or family values and specific medical circumstances, able to perform without direct supervision |
| Participate as a member or leader of interdisciplinary team | Participate as a member or leader of interdisciplinary team, not applicable to this rotation | Participate as a member or leader of interdisciplinary team, not yet able to perform without direct supervision | Participate as a member or leader of interdisciplinary team, able to perform without direct supervision |
| Prevent and mediate conflict and distress over complex medical decisions | Prevent and mediate conflict and distress over complex medical decisions, not applicable to this rotation | Prevent and mediate conflict and distress over complex medical decisions, not yet able to perform without direct supervision | Prevent and mediate conflict and distress over complex medical decisions, able to perform without direct supervision |
| Manage withdrawal of life-sustaining therapies | Manage withdrawal of life-sustaining therapies, not applicable to this rotation | Manage withdrawal of life-sustaining therapies, not yet able to perform without direct supervision | Manage withdrawal of life-sustaining therapies, able to perform without direct supervision |
| Care for imminently dying patients and their families | Care for imminently dying patients and their families, not applicable to this rotation | Care for imminently dying patients and their families, not yet able to perform without direct supervision | Care for imminently dying patients and their families, able to perform without direct supervision |
| Address requests for hastened death | Address requests for hastened death, not applicable to this rotation | Address requests for hastened death, not yet able to perform without direct supervision | Address requests for hastened death, able to perform without direct supervision |
| Support patients and families in the psychosocial domain | Support patients and families in the psychosocial domain, not applicable to this rotation | Support patients and families in the psychosocial domain, not yet able to perform without direct supervision | Support patients and families in the psychosocial domain, able to perform without direct supervision |
| Support patients and families in the spiritual and existential domain | Support patients and families in the spiritual and existential domain, not applicable to this rotation | Support patients and families in the spiritual and existential domain, not yet able to perform without direct supervision | Support patients and families in the spiritual and existential domain, able to perform without direct supervision |
| Promote self-care and resilience | Promote self-care and resilience, not applicable to this rotation | Promote self-care and resilience, not yet able to perform without direct supervision | Promote self-care and resilience, able to perform without direct supervision |
| Facilitate transitions across the HPM continuum of care | Facilitate transitions across the HPM continuum of care, not applicable to this rotation | Facilitate transitions across the HPM continuum of care, not yet able to perform without direct supervision | Facilitate transitions across the HPM continuum of care, able to perform without direct supervision |
| Fulfil the role of a Hospice Medical Director | Fulfil the role of a Hospice Medical Director, not applicable to this rotation | Fulfil the role of a Hospice Medical Director, not yet able to perform without direct supervision | Fulfil the role of a Hospice Medical Director, able to perform without direct supervision |
| Provide HPM consultation and team support | Provide HPM consultation and team support, not applicable to this rotation | Provide HPM consultation and team support, not yet able to perform without direct supervision | Provide HPM consultation and team support, able to perform without direct supervision |
| Promote and teach hospice and palliative care | Promote and teach hospice and palliative care, not applicable to this rotation | Promote and teach hospice and palliative care, not yet able to perform without direct supervision | Promote and teach hospice and palliative care, able to perform without direct supervision |

**Thank you!!**