Dalhousie University Pediatrics Postgrad	Evaluated By: _____
	Evaluating: _____
	Dates: _____

*indicates a mandatory response

Pediatrics: Foundations EPA #2

Communication, Presentation and Documentation of Patient's Findings and Plan

<u>This EPA includes:</u>
Communication with patients and families, verbal case presentation, written case reports and consult letters, synthesizing recommendations of other health professionals and integrating recommendations into care plan, appropriate use of electronic health records.

This EPA does not include complex situations such as discussions involving level of care (end of life decision making), suspected child maltreatment, or disclosing serious diagnoses.

Supervisor does assessment based on direct observation or chart audit (including letters, notes, etc)

*Observer: ☐ Faculty ☐ Clinical Associate ☐ Fellow ☐ Subspecialty Resident
☐ Core/TTP Resident

* Observer Name (first initial, last name: _____

*Type of Communication: ☐ Verbal (select one of the following):
  ○ Presentations on rounds
  ○ Verbal case presentation to attending
  ○ Handover
  ○ Consult request
☐ Written (select one of the following):
  ○ Progress note
  ○ Written discharge summary
  ○ Written consult letter
  ○ Handover
  ○ Consult request
  ○ Other: _____
☐ Communication with patient and family

*Patient Age Group: ☐ Neonate (parent) ☐ Infant (parent) ☐ Toddler (parent) ☐Child ☐ Adolescent

*Setting/Location: ☐ Inpatient ☐ Outpatient ☐ ED ☐ Community
☐ Simulation ☐ On Call/After Hours

* Complexity: ☐ Simple ☐ Intermediate ☐ Complex

Collect 18 observations of achievement
- At least 5 direct observations of communicating a plan to patients and families (min one to each of a parent, child, adolescent)
- At least 2 direct observations of handover
- At least 5 verbal case presentations to attending
- At least 6 review of written documentation by attending (2 progress notes, 2 discharge summaries, 2 consult documentation)

Collect feedback from minimum of 3 different observers with at least 50% of observations done by an attending and 2 Multi-Source Feedback evaluations

	N/A or Not Observed	1 I had to do	2 I had to talk them through	3 I needed to prompt	4 I needed to be there just in case	5 I didn't need to be there
*Overall Assessment						

Relevant milestones to be evaluated:

	N/A or Not Observed	1 I had to do	2 I had to talk them through	3 I needed to prompt	4 I needed to be there just in case	5 I didn't need to be there
Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines.						
Communicate the diagnosis and plan of care in a timely, clear, compassionate, respectful, and accurate manner to the patient and family.						
Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, and management plan.						
Recognize when to seek help in providing clear explanations to the patient and family.						
Document information about patients and their medical conditions in a manner that enhances intra-and inter-professional care.						
Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions.						
Assess patients' needs and preferences with respect to methods of information sharing.						
Communicate effectively with physicians and other colleagues in the health care professions and provide timely and necessary written information to colleagues to enable effective relationship-centered care.						
Independently manage issues related to adolescent confidentiality.						
Shares information with patient and others in a manner that respects patient privacy and confidentiality and enhances understanding.						

*1-2 things to continue doing:

_____

_____

*1-2 things to work on:

_____

_____

Feedback to Resident and Competence Committee

Professionalism and Patient Safety:

*Do you have any concerns regarding this learner's professionalism? ☐ Yes (Write details in comments below)   ☐ No

Comments:

_____

_____

*Do you have any concerns regarding patient safety? ☐ Yes (Write details in comments below)   ☐ No

Comments:

_____

_____

*Did you have an opportunity to meet with this trainee to discuss their performance?   ☐ Yes ☐ No