

CURRICULUM for HEMATOLOGY & ONCOLOGY

Welcome to the Department of Medicine Oncology-Hematology rotation. The objective of this rotation is to expose you to patients with, and educate you as to the clinical approach to, the most common cancer types and hematologic problems. During this rotation you will keep a “portfolio” to document that you’ve seen cases and performed the background reading necessary to understand various disease processes. There are some that are mandatory: faculty members agree that you must review them in detail because they are so common. This portfolio will become the record of your rotation and can be added to your overall residency portfolio. Your weekly schedule is as follows:

Monday	Tuesday	Wednesday	Thursday	Friday
7:30 AM Pre-round/new consults				
8-9 AM Go to T7 and round with attending with whom you share most patients or new consult – must cover 5-10 patients until discharge or until attending agrees. Wednesdays and Fridays attempt to round with Dr. Witt whenever possible. For other days try to round with Drs. Fischbach or Malefatto (>10 rounds to allow meaningful evaluation).				
10 AM (or end of rounds)-noon Complete consults and tasks discussed during rounds				
Noon conference	Noon conference	Noon conference	Noon conference	Tumor Board
Trumbull Office*	Trumbull Office*	Trumbull Office*	Trumbull Office*	Fairfield Office*

*You are required to attend 3 clinic afternoons/week; call the office secretary in the mornings you choose so they can “line-you-up” with an attending.

Attendance at conferences is mandatory. You will be encouraged to present a case for Tumor Conference and Hematology Conferences. Each month one type of cancer will be discussed in morning report – you will be responsible for checking with the chief resident at the beginning of each month to determine what type of cancer and when your report will be scheduled. You will: 1. need to present a representative case, 2. arrange for an oncologist to come to report, and, 3. prepare a presentation on the subject.

Please remember that in the offices of private physicians you are representing their practice. You should arrive at the outpatient offices by 1:15 PM; try to get there 10 minutes early to assure you’re on time. You MUST be well dressed, shaved and with a white coat (no scrubs or scruffy appearance). Since clinicians will be expecting you, it is your responsibility to notify the office at least one week ahead if you cannot attend clinic following call. In fact, we expect that you provide the office a list of all days when you will be post-call or in clinic. Since the call schedule is available ahead of time, you should be able to let offices know in the first couple days of the rotation, the days you cannot be there. Private clinicians will ask you to see new and follow-up patients who are instructive to the goals of this rotation.

At the start of the rotation you should notify Dr. Folman’s secretary 203 502-8400 to page you with the new inpatient consults. Each morning you should arrive before 8 AM, preround on your pre-existing patients and check with the Staff consultant if there are any new consultations that would be good for you to see. We expect you to carry 5-10 patients whenever possible; all patients need not be new consults (there may be excellent teaching cases that an attending suggests mid-admission). But it is your responsibility to follow 5-10 until discharge or the attending allows you to “sign off”. Go to West Tower 7 at 8 AM and align with the attending with

whom you share the most patients – preferably Drs. Fischbah or Malefatto so they can round with you enough to grade your performance. You can determine with the oncologist which cases he/she wishes you to write notes on. The cases you follow (and those from clinics) should be used to compile your portfolio.

The portfolio approach entails using a patient you see as a point of departure for further reading and documentation of your understanding of the disease, approaches to diagnosis/management and prognosis. It will be your responsibility to assure that you see at least one patient with the included problems (simply ask attendings to arrange for you to see cases that are required to complete your portfolio). Note there are some “mandatory” topics – even if you don’t see a patient with that illness, you need to perform the homework and complete the portfolio item. Obviously the portfolio could be completed in a very superficial fashion without studying about each topic. However, your grade at the end of the rotation will reflect the rigor with which you approach the rotation (clinically) AND that with which you approach completion of the portfolio. You will note that there are prepared forms for 4 solid cancers and one of two liquid cancers (i.e. leukemia or lymphoma), in addition to anemia and thrombocytopenia which we feel are the minimum for you to cover during the rotation. There are extra forms for other cancers or hematologic problems that you might encounter. At the end of the rotation, you will discuss your portfolio with the Chief Residents who will grade your portfolio. A “B” includes simply filling out every mandatory item well. If you want an “A” you’ll need to complete items beyond the minimum.

So to review:

- 1. Adhere to the schedule carefully – rounding EVERY morning EXCEPT when you run into the end of your duty hours constraints.**
- 2. Follow 5-10 patients for in-patient rounds.**
- 3. Complete the portfolio and present it to the Chief Resident last Friday of the rotation. No (or poor) portfolio= no credit for the rotation.**
- 4. 3 afternoons in the office and let them know when you’re coming (that AM) and all days that you’ll be off.**

SUBSPECIALTY EVALUATION FORM

Patient Care

Takes a focused history and physical examination and gathers appropriate. data for presentation to the attending.
(Question 1 of 26 - Mandatory)

N/A	Unsatisfactory			Satisfactory			Superior		
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

Written work is complete and organized in a problem-centered format. *(Question 2 of 26 - Mandatory)*

N/A	Unsatisfactory			Satisfactory			Superior		
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

Develops own appropriate problem-based diagnostic and therapeutic plans and offers them to attending for discussion and refinement. *(Question 3 of 26 - Mandatory)*

N/A	Unsatisfactory			Satisfactory			Superior		
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

Medical Knowledge

Commitment to CME; demonstrates that he/she reads about patients' illnesses. *(Question 4 of 26 - Mandatory)*

N/A	Unsatisfactory			Satisfactory			Superior		
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

Demonstrates adequate knowledge for common inpatient and outpatient conditions. *(Question 5 of 26 - Mandatory)*

N/A	Unsatisfactory			Satisfactory			Superior		
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

Applies knowledge appropriately and effectively using systematic Bayesian reasoning. *(Question 6 of 26 - Mandatory)*

N/A	Unsatisfactory			Satisfactory			Superior		
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

Interpersonal and Communication Skills

Caring, respectful behaviors with patients and staff. (Question 7 of 26 - Mandatory)

N/A	Unsatisfactory			Satisfactory			Superior		
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

Organized consultant-appropriate oral presentations. (Question 9 of 26 - Mandatory)

N/A	Unsatisfactory			Satisfactory			Superior		
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

Practice-based Learning and Improvement

Appreciates the limitations of his/her medical knowledge and asks for help when needed. (Question 10 of 26 - Mandatory)

N/A	Unsatisfactory			Satisfactory			Superior		
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

Responsive to constructive criticism;learns from mistakes. (Question 12 of 26 - Mandatory)

N/A	Unsatisfactory			Satisfactory			Superior		
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

Produces at least one original research article that is relevant to diagnostic or therapeutic strategies in the team's patients. (Question 13 of 26 - Mandatory)

N/A	Unsatisfactory			Satisfactory			Superior		
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

Professionalism

Vigorous patient advocate; knows ALL the relevant facts about patients. (Question 14 of 26 - Mandatory)

N/A	Unsatisfactory			Satisfactory			Superior		
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

Honesty, reliability, responsibility, cooperativeness and timeliness. (Question 15 of 26 - Mandatory)

N/A	Unsatisfactory			Satisfactory			Superior		
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

Shows respect, compassion, and integrity in working with patients, peers and attendings, and staff. (Question 16 of 26 - Mandatory)

N/A	Unsatisfactory			Satisfactory			Superior		
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
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Systems-based Practice

Trainee's suggestions, during presentations, are cost-effective and demonstrate proper use of available inpatient (e.g. tests) and outpatient resources relevant to the subspecialty(e.g. home healthcare). (Question 19 of 26 - Mandatory)

N/A	Unsatisfactory			Satisfactory			Superior		
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

Overall performance during the rotation (Question 20 of 26 - Mandatory)

N/A	Unsatisfactory			Satisfactory			Superior		
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

Please include as many narrative comments as possible (for LOR) and **provide at a minimum 2-3 things the trainee did well** and 2-3 things that **need improvement**.

Narrative/comments (with as much detail as possible, used for letters of recommendation): (Question 21 of 26 - Mandatory)

Two things the trainee did well (Question 22 of 26 - Mandatory)

Two things that need improvement (Question 23 of 26 - Mandatory)

These objectives were discussed with the resident at the beginning of the rotation. (Question 24 of 26 - Mandatory)

Yes No

The trainee has successfully achieved the above-listed objectives of this rotation. (Question 25 of 26 - Mandatory)

Yes No

This evaluation was discussed with the resident by the end of the rotation. (Question 26 of 26 - Mandatory)

Yes No

Review your answers in this evaluation. If you are satisfied with the evaluation, click the SUBMIT button below. Once submitted, evaluations are no longer available for you to make further changes



Name of Attending Physician _____

II. Educational Purpose of Rotation:

The purpose of the Hematology-Oncology rotation (mandatory PGY2) is to expose and instill a reasonable working knowledge and problem-solving skill-set required to optimally diagnose and care for patients with common hematologic diseases and cancers.

A) Knowledge - Trainees will learn the skills necessary to diagnose and manage common hematology and oncology problems including: lung, colon, breast, prostate and hematologic malignancies, and anemia, thrombocytopenia and coagulopathies. By use of the unique patient-disease-specific portfolio system, the trainee will be exposed to most common hematology-oncology diseases and use patient encounters to complete homework (applicable readings from the free text: Cancer Management: A Multidisciplinary Approach AND completion of the portfolio).

B) Skills: From the experiences gained during the rotation, the resident will:

1) Refine his/her skills in medical history taking especially as pertains to hematology and oncology problem-solving. He/she will master relevant review of systems and physical diagnosis, 2) Learn to prioritize tasks, 3) Use time efficiently, 4) Learn the principles of medical decision making, 5) Learn to cost-effectively order diagnostic studies and provide therapeutic interventions. 6) Perform Bone Marrow biopsies

C) Attitudes: Desirable attitudes. He/she should:

1) Assume primary responsibility for aiding primary inpatient care teams in management of patients' oncology and/or hematology problems – knowing every detail of their relevant history (including old records), physical examination, laboratories, diagnostic/therapeutic plan, 2) Access the opinions of attending physicians and consultants ONLY AFTER thinking about a case and offering best effort at synthesis and a plan, 3) Appreciate the role of and when to consult the Hematology-Oncology expert.

III. Principal Teaching Methods: Residents will learn by performing 1-2 inpatient consultations each day, presenting them to the attending consultant during rounds, followed by discussion. The resident will ALWAYS offer his/her diagnostic and therapeutic plan for correction and/or refinement by the attending physician. The resident will read articles from the syllabus (see below) that are germane/applicable to their patients' problems, then complete portfolio work as appropriate. Residents will follow-up patients on whom they've completed a consultation until resolution or discharge to understand the course of disease. Daily required conferences include:

1. Resident's Morning Report – Daily (11-12:00NN, except when required to be elsewhere AND presentation of one malignancy or core hematology case per month, coordinated with attendings and chief residents to ensure all common problems covered over the course of 12 months)
2. Hematology Oncology Attending Rounds - Daily (mornings; variable times)
3. Interdisciplinary Breast Cancer Conference – Wednesdays, 8 AM
4. Hematology Conference – Wednesdays, 9 AM
5. Tumor Board – Fridays, noon.
6. Noon conference lecture series – 4 days/week, July-September is a repeating course of core topics, while October-June includes specialty and sub-specialty lectures comprising a 2-year cycle that covers most fundamental topics for each discipline.

7. Outpatient offices – each afternoon (mandatory)

IV. Patient Characteristics – All adult patients admitted to Bridgeport Hospital with cancer and/or whose physicians request a Hematology-Oncology consultation. These patients include nearly equal numbers of men and women, ranging in age from 18 to over 100 years and of average age in the late mid 60's. Roughly 20% of patients have no insurance or Medicaid. The remaining have Medicare or private insurance. The socioeconomic demographic mirrors that of the community (20-30% poor, 70-80% middle class). Patients are admitted with a broad array of multiple and complex medical illnesses. While the majority of consultations are performed for patients admitted to the Medicine Service, roughly 10-15% come for patients with primary surgical or obstetric-gynecologic reasons for admission.

V. Procedures – If they wish, residents will have the opportunity to perform bone marrow biopsy under the instruction of attending physicians (see Institutional Procedures Credentialing Policy).

VI. References – *ALL TRAINEES MUST COMPLETE THE READINGS IN *Cancer Management: A Multidisciplinary Approach* that are relevant to complete their patient-based portfolio. The text will be provided free (from the Program Director's office, care of Dr. Folman). Computerized data-bases available throughout the hospital at every terminal: *Up-to-Date* and *MD-Consult*. All trainees are expected to use one of these or similar resources to master topics that are germane to their patients every day.

Other Resources: Harrison's, *Principles of Internal Medicine* and American Cancer Society, *Clinical Oncology*

V. Methods of Evaluation

Residents and interns are evaluated by the consulting Hematology-Oncology attending physicians with whom they work during the 4-week rotation.

All evaluations will be performed on-line, by email, using the E-value system. A resident shall not receive credit for a rotation until he has evaluated the rotation, attending and the degree to which he had opportunity to complete the objectives.

*The completed portfolio that follows will be critically evaluated and weighed heavily in completing the evaluation forms that follow. The portfolio will be kept by the resident, but will be submitted for "grading" in the last week of the rotation.

Hematology-Oncology Portfolio

(Name)

Organ: Lung (mandatory)

Patient Name: _____

Unit #: _____

Brief History: _____

Evidence-Based Screening for Primary Prevention:

Test: _____

Evidence (citations): _____

Risk Factors: _____

Cell Types: _____

Commonly Metastasizes to: _____

Diagnosis: _____

Staging Procedures (for each cell type if appropriate): _____

Treatment: (for each stage and/or cell type): _____

Organ: Colorectal (mandatory)

Patient Name: _____

Unit #: _____

Brief History: _____

Evidence-Based Screening for Primary Prevention:

Test: _____

Evidence (citations): _____

Risk Factors: _____

Cell Types: _____

Commonly Metastasizes to: _____

Diagnosis: _____

Staging Procedures (for each cell type if appropriate): _____

Treatment: (for each stage and/or cell type): _____

Organ: Breast (mandatory)

Patient Name: _____

Unit #: _____

Brief History: _____

Evidence-Based Screening for Primary Prevention:

Test: _____

Evidence (citations): _____

Risk Factors: _____

Cell Types: _____

Commonly Metastasizes to: _____

Diagnosis: _____

Staging Procedures (for each cell type if appropriate): _____

Treatment: (for each stage and/or cell type): _____

Organ: Prostate (mandatory)

Patient Name: _____

Unit #: _____

Brief History: _____

Evidence-Based Screening for Primary Prevention:

Test: _____

Evidence (citations): _____

Risk Factors: _____

Cell Types: _____

Commonly Metastasizes to: _____

Diagnosis: _____

Staging Procedures (for each cell type if appropriate): _____

Treatment: (for each stage and/or cell type): _____

Organ:

Patient Name: _____

Unit #: _____

Brief History: _____

Evidence-Based Screening for Primary Prevention:

Test: _____

Evidence (citations): _____

Risk Factors: _____

Cell Types: _____

Commonly Metastasizes to: _____

Diagnosis: _____

Staging Procedures (for each cell type if appropriate): _____

Treatment: (for each stage and/or cell type): _____

Organ:

Patient Name: _____

Unit #: _____

Brief History: _____

Evidence-Based Screening for Primary Prevention:

Test: _____

Evidence (citations): _____

Risk Factors: _____

Cell Types: _____

Commonly Metastasizes to: _____

Diagnosis: _____

Staging Procedures (for each cell type if appropriate): _____

Treatment: (for each stage and/or cell type): _____

Organ:

Patient Name: _____

Unit #: _____

Brief History: _____

Evidence-Based Screening for Primary Prevention:

Test: _____

Evidence (citations): _____

Risk Factors: _____

Cell Types: _____

Commonly Metastasizes to: _____

Diagnosis: _____

Treatment: (for each stage and/or cell type): _____

Prognosis: (for each stage and/or cell type): _____

References:

Oncology Topics:

Pain Management

Basic Concepts in Chemotherapy

Hematology

Approach to the patient with anemia (mandatory)

Patient Name: _____

Unit #: _____

Brief History: _____

Pertinent history and physical for anemia: _____

Diagnostic approach: _____

Management (by anemia type):

Hematology

Thrombocytopenia (mandatory)

Patient Name: _____

Unit #: _____

Brief History: _____

Pertinent history: _____

Diagnostic approach: _____

Management (by anemia type):

Hematology

Approach to the Bleeding Patient/Disseminated Intravascular Coagulation

Patient Name: _____

Unit #: _____

Brief History: _____

Pertinent history and physical for the bleeding patients: _____

Diagnostic approach: _____

Management:

Hematology

Disseminated intravascular coagulation

Patient Name: _____

Unit #: _____

Brief History: _____

Pertinent history and physical for DIC: _____

Causes of DIC: _____

Diagnostic approach: _____

Management:

Bleeding DIC

Clotting DIC

Hematology

Hypercoagulable States

Patient Name: _____

Unit #: _____

Brief History: _____

Pertinent history and physical: _____

Cause and Clinical Associations: _____

Diagnostic approach: _____

Management:

Lymphoma (choose at least one of either lymphoma or leukemia)

Patient Name: _____

Unit #: _____

Brief History: _____

Evidence-Based Screening for Primary Prevention:

Test: _____

Evidence (citations): _____

Risk Factors: _____

Cell Types: _____

Commonly Metastasizes to: _____

Diagnosis: _____

Staging Procedures (for each cell type if appropriate): _____

Prognosis: (for each stage and/or cell type): _____

Leukemias (choose at least one of either lymphoma or leukemia)

Patient Name: _____

Unit #: _____

Brief History: _____

Evidence-Based Screening for Primary Prevention:

Test: _____

Evidence (citations): _____

Risk Factors: _____

Cell Types: _____

Commonly Metastasizes to: _____

Diagnosis: _____

Staging Procedures (for each cell type if appropriate): _____

Prognosis: (for each stage and/or cell type): _____

EVALUATION OF ATTENDING PHYSICIAN

Attending Physician: _____ Service/Rotation: _____

Evaluator: _____ Month/Year: _____

For each of the following criteria, please rate (✓) the attending physician whose rotation you have just completed.

<u>Availability:</u>	Not Observed	Marginal	Satisfactory	Very Good	Excellent
• Was prompt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adhered to rounds and consult schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Kept interruptions to a minimum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Spent enough time on rounds; was unhurried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Encouraged active housestaff participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

<u>Teaching:</u>	Not Observed	Marginal	Satisfactory	Very Good	Excellent
• Stated goals clearly and concisely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Kept discussions focused on case or topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Asked questions in non-threatening way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Used bedside teaching to demonstrate history-taking and physical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emphasized problem-solving, (thought processes leading to decisions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Integrated social/ethical aspects of medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Stimulated team members to read, research, and review pertinent topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Accommodated teaching to actively incorporate all members of team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provided special help as needed to team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

<u>Patient Care and Professionalism:</u>	Not Observed	Marginal	Satisfactory	Very Good	Excellent
• Placed the patient's interests first	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Displayed sensitive, caring, respectful attitude toward patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Established rapport with team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Showed respect for residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Served as a role model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Was enthusiastic and stimulating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrated gender sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Recognized own limitations; was appropriately self-critical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Encouraged housestaff to bring up problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

<u>Medical Knowledge:</u>	Not Observed	Marginal	Satisfactory	Very Good	Excellent
• Demonstrated broad knowledge of medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Was up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Identified important elements in case analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Used relevant medical/scientific literature in supporting clinical advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Discussed pertinent aspects of population and evidence-based medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

<u>Practice-Based Learning and Improvement:</u>	Not Observed	Marginal	Satisfactory	Very Good	Excellent
• Explicitly encouraged further learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Motivated residents to self-learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Evaluated residents ability to analyze or synthesize knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

<u>System-Based Practice:</u>	Not Observed	Marginal	Satisfactory	Very Good	Excellent
• Reviewed expectations of each team member at beginning of rotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provided useful feedback including constructive criticism to team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Balanced service responsibilities and teaching functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

<u>Recommendations:</u>	Yes	No
• Would you recommend that this faculty member continue to serve as an attending physician for the training program?	<input type="checkbox"/>	<input type="checkbox"/>
• To further enhance professional development, would you recommend that this faculty member receive formal training in teaching and faculty education?	<input type="checkbox"/>	<input type="checkbox"/>

Overall Comments: _____

FACULTY

Robert Folman, MD
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