

MacPeds Competency Based Medical Education

Mini-MAS Passport and Encounter Cards **PGY 3 & 4**

2015-2016

Editor: Dr. Moyez B. Ladhani



MacPeds

Training the next generation of pediatricians

Evaluators:

Please complete these evaluations immediately after the encounter.

Do not complete if asked to do so retrospectively.

Dear PGY 3 and 4 Resident

As part of work based assessment, you are required to complete 1 Mini-MAS a week. These should also be completed during your float call blocks.

What is it?

- A brief, focused, direct observational assessment of a resident's clinical performance (15 min) with feedback after (5-10 min).
- The evaluation should be filled out immediately after the encounter.

Your assessments should focus on the following:

The resident should have a minimum of 1 a week no less than 45 Mini-MAS through the year, with a minimum of:

- 5 History Taking
- 5 Physical Exam
- 5 Clinical Reasoning
- 5 Communication with families
- 5 Communication with physicians other health professionals
- 5 Collaboration
- 5 Residents as a teacher
- 5 Residents as a leader
- 5 Handover Cex

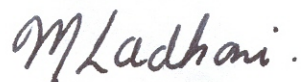
80% minimum will be from faculty

20% maximum can be from senior residents

There are carbon copies of each form; you may provide evaluators with a copy of the forms to aid in end of rotation evaluations. Please retain one copy in your book. All forms will be reviewed with your Program Director semi-annually.

Please note this book also contains your encounter cards; please review the MacPeds Orientation guide for further information on the encounter card.

Thank you,



Moyez Ladhani


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MacPeds Mini MAS for Competency Based Medicine

Resident: _____ Evaluator: _____

Date: _____ Rotation/Setting: _____ Patient Problem: _____

Please base this rating on your observation for this encounter not other scores

Developmental Milestones: Data Gathering		
Novice	Check One Box	
	<input type="checkbox"/>	❖ Either gathers too little information or exhaustively gathers information following a Template regardless of the patient's chief complaint, with each piece of information gathered seeming as important as the next. Recalls clinical information in the order elicited , with the ability to gather, filter, prioritize and connect pieces of information being limited by and dependent upon analytic reasoning through basic pathophysiology alone.
	<input type="checkbox"/>	❖ Clinical experience allows linkage of signs and symptoms of a current patient to those encountered in previous patients . Still relies primarily on analytic reasoning through basic pathophysiology to gather information, but the ability to link current findings to prior clinical encounters allows information to be filtered, prioritized and synthesized into pertinent positives and negatives as well as broad diagnostic categories .
	<input type="checkbox"/>	❖ Advanced development of pattern recognition leads to the creation of illness scripts , which allow information to be gathered while it is simultaneously filtered, prioritized and synthesized into specific diagnostic considerations. Data gathering is driven by real-time development of a differential diagnosis early in the information-gathering process.
	<input type="checkbox"/>	❖ Well-developed illness scripts allow essential and accurate information to be gathered and precise diagnoses to be reached with ease and efficiency when presented with most pediatric problems, but still relies on analytic reasoning through basic pathophysiology to gather information when presented with complex or uncommon problems.
	<input type="checkbox"/>	❖ Robust illness scripts and instance scripts (where the specific features of individual patients are remembered and used in future clinical reasoning) lead to unconscious gathering of essential and accurate information in a targeted and efficient manner when presented with all but the most complex problems. These illness and instance scripts are robust enough to enable discrimination among diagnoses with subtle distinguishing features .
Expert		

Adapted from The American Board of Pediatrics: The Pediatrics Milestone Project

Please circle

1. Has this resident demonstrated professional behaviour? YES NO

If No explain

2. Comment Box: Please list 1-2 formative ideas for the resident to work on to proceed to the next level of competence.


Evaluator Signature: _____

Resident Signature: _____

MacPeds Mini MAS for Competency Based Medicine

Resident: _____ Evaluator: _____

Date: _____ Rotation/Setting: _____ Patient Problem: _____

Developmental Milestones: Performing of the Physical Examination		
Novice	Check One Box	
		❖ Performs and elicits most physical examination maneuvers incorrectly . Does not alter the head-to-toe approach to the physical examination to meet a child's developmental level or behavioral needs.
		❖ Performs basic physical examination maneuvers correctly (e.g., auscultation of the lung fields) but does not regularly elicit, recognize, or interpret abnormal findings (ex: recognition of wheezing and crackles). Sometimes uses a developmentally appropriate approach to the physical examination, achieving variable success
		❖ Performs basic physical examination maneuvers correctly and recognizes and correctly interprets abnormal findings Consistently and successfully uses a developmentally appropriate approach when examining children.
		❖ Performs, elicits, recognizes, and interprets the findings of most physical Examination maneuvers correctly . Performs, elicits, recognizes, and interprets the findings of even special testing physical examination maneuvers correctly most of the time
		❖ Is fluid and agile in performing the physical examination in a way that maximizes cooperation of the child and thus accuracy of findings; experience facilitates the engagement of the child as well as the caregiver in the physical examination.
Expert		

Adapted from The American Board of Pediatrics: The Pediatrics Milestone Project

Please base this rating on your observation for this encounter not other scores

Please circle

1. Has this resident demonstrated professional behaviour? **YES** **NO**

If **No** explain

2. Comment Box: Please list 1-2 formative ideas for the resident to work on to proceed to the next level of competence.

Evaluator Signature: _____


Resident Signature: _____

MacPeds Mini MAS for Competency Based Medicine

Resident: _____

Evaluator: _____

Date: _____ Rotation/Setting: _____ Patient Problem: _____

Developmental Milestone: Clinical Reasoning		
Novice	Check One Box	
		❖ Develops and carries out management plans based on directives from others, either from the health care organization or the supervising physician. Unable to adjust plans based on individual patient differences or preferences. Communication about the plan is unidirectional from the practitioner to the patient and family.
		❖ Develops and carries out management plans based on one's theoretical knowledge and/or directives from others. Can adapt plans to the individual patient , but only within the framework of one's own theoretical knowledge. Unable to focus on key information, so conclusions are often from arbitrary, poorly prioritized , and time-limited information gathering. Management plans based on the framework of one's own, assumptions and values.
		❖ Develops and carries out management plans based on both theoretical knowledge and some experience, especially in managing common problems. Follows health care institution directives as a matter of habit and good practice rather than as an externally imposed sanction. Able to more effectively and efficiently focus on key information, but still may be limited by time and convenience. Plans begin to incorporate patients' assumptions and values through more bidirectional communication.
		❖ Develops and carries out management plans based most often on experience. Effectively and efficiently focuses on key information. To arrive at a plan. Incorporates patients' assumptions and values through bidirectional communication with little interference from personal biases.
		❖ Develops and carries out management plans, even for complicated or rare situations, based primarily on experience that puts theoretical knowledge into context. Rapidly focuses on key information to arrive at the plan and augments that with available information or seeks new information as needed. Has insight into one's own assumptions and values that allow one to filter them out and focus on the patient/family values in a bidirectional conversation about the management plan.
Expert		

Adapted from The American Board of Pediatrics: The Pediatrics Milestone Project

Please base this rating on your observation for this encounter not other scores

Please circle

1. Has this resident demonstrated professional behaviour? YES NO

If No explain

2. Comment Box: Please list 1-2 formative ideas for the resident to work on to proceed to the next level of competence.


Evaluator Signature: _____

Resident Signature: _____

MacPeds Mini MAS for Competency Based Medicine

Resident: _____ Evaluator: _____

Date: _____ Rotation/Setting: _____ Patient Problem: _____

Developmental Milestone: Communication Skills - Communication with families		
Novice	Check One Box	
		❖ Uses standard medical interview template to prompt all questions. Does not vary the approach based on a patient's unique physical, cultural, socioeconomic, or situational needs. May feel intimidated or uncomfortable asking personal questions of patients.
		❖ Uses the medical interview to establish rapport and focus on information exchange relevant to a patient's or family's primary concerns . Identifies physical, cultural, psychological, and social barriers to communication , but often has difficulty managing them. Begins to use nonjudgmental questioning scripts in response to sensitive situations.
		❖ Uses the interview to effectively establish rapport . Able to mitigate physical, cultural, psychological, and social barriers in most situations. Verbal and nonverbal communication skills promote trust, respect, and understanding . Develops scripts to approach most difficult communication scenarios .
		❖ Uses communication to establish and maintain a therapeutic alliance . Sees beyond stereotypes and works to tailor communication to the individual . A wealth of experience has led to development of scripts for the gamut of difficult communication scenarios . Able to adjust scripts ad hoc for specific encounters.
		❖ Connects with patients and families in an authentic manner that fosters a trusting and loyal relationship. Effectively educates patients, families, and the public as part of all communication . Intuitively handles the gamut of difficult communication scenarios with grace and humility.
Expert		

Adapted from The American Board of Pediatrics: The Pediatrics Milestone Project

Please base this rating on your observation for this encounter not other scores

Please circle:

1. Has this resident demonstrated professional behaviour? YES NO

If No explain

2. Comment Box: Please list 1-2 formative ideas for the resident to work on to proceed to the next level of competence.


Evaluator Signature: _____

Resident Signature: _____

MacPeds Mini MAS for Competency Based Medicine

Resident: _____ Evaluator: _____

Date: _____ Rotation/Setting: _____ Patient Problem: _____

Developmental Milestone: Collaborator		
Novice	Check One Box	
		❖ Limited participation in team discussion; passively follows the lead of others on the team. Little initiative to interact with team members. More self-centered in approach to work with a focus on one's own performance. Little awareness of one's own needs and abilities. Limited acknowledgment of the contributions of others.
		❖ Demonstrates an understanding of the roles of various team members by interacting with appropriate team members to accomplish assignments. Actively works to integrate herself into team function and meet or exceed the expectations of her given role. In general, works towards achieving team goals , but may put personal goals related to professional identity development (e.g., recognition) above pursuit of team goals.
		❖ Identifies herself and is seen by others as an integral part of the team. Seeks to learn the individual capabilities of each fellow team member and will offer coaching and performance improvement as needed. Will adapt and shift roles and responsibilities as needed to adjust to changes to achieve team goals. Communication is bi-directional with verification of understanding of the message sent and the message received in all cases.
		❖ Initiates problem-solving, frequently provides feedback to other team members , and takes personal responsibility for the outcomes of the team's work. Actively seeks feedback and initiates adaptations to help the team function more effectively in changing environments. Engages in closed loop communication in all cases to ensure that the correct message is understood by all. Seeks out and takes on leadership roles in areas of expertise and makes sure the job gets done.
		❖ Goals of the team supersede any personal goals , resulting in the ability to seamlessly assume the role of leader or follower, as needed. Creates a high-functioning team de novo or joins a poorly functioning team and facilitates improvement, such that team goals are met.
Expert		

Adapted from The American Board of Pediatrics: The Pediatrics Milestone Project

Please base this rating on your observation for this encounter not other scores

Please circle

1. Has this resident demonstrated professional behaviour in this encounter? **YES** **NO**

If No explain

2. Comment Box: Please list 1-2 formative ideas for the resident to work on to proceed to the next level of competence.

Evaluator Signature: _____


Resident Signature: _____

MacPeds Mini MAS for Competency Based Medicine

Resident: _____ Evaluator: _____

Date: _____ Rotation/Setting: _____ Patient Problem: _____

Please base this rating on your observation for this encounter not other scores

Developmental Milestones: Resident as a Teacher		
Novice	Check One Box	
	<input type="checkbox"/>	❖ Completely teacher-centered ; focused on her perception of what needs to be taught rather than the learning needs of the students. Barriers to effective teaching include lack of content knowledge and lack of teaching skills and repertoires. Not adaptable because of need for preparation and scripted teaching. Fear of inadequacy, lacks confidence.
	<input type="checkbox"/>	❖ Quite teacher-centered. Is able to identify a good teacher, but lacks insight into the discrete qualities that contribute to this skill. Has no internalized plan, technique, or mindful practice of teaching. Not adaptable to others' learning needs. Does not see learners as barriers/nuisance, but may be somewhat ambivalent towards them. Feels inadequate due to limited teaching repertoire and experience
	<input type="checkbox"/>	❖ Exhibits some learner-centered teaching behaviors , but remains mostly teacher-centered. Able to identify a few of the discrete qualities of effective teaching behaviors. Teaching methods and repertoire are expanding, therefore less limited and more adaptable. May be developing self-identity as one who likes to teach. Gaining confidence in teaching abilities, which allows for interaction with learners and enthusiasm for assisting them in learning.
	<input type="checkbox"/>	❖ Exhibits mostly a learner-centered approach to teaching. Assesses learner needs and wants to advance learners. Eager and enthusiastic to teach. Shows enriched insight and understanding of some teaching concepts and is able to adapt and modify teaching to unforeseen learner needs in most situations. More relaxed and confident with teaching, with obvious enjoyment in this role.
	<input type="checkbox"/>	❖ Consistently demonstrates a learner-centered approach to teaching. Understands and seeks new information regarding teaching and learning. Seen as a dedicated teacher based on the time and energy committed to teaching, which is part of the core of her self-image. Confidence in teaching skills allows for creative and adaptive teaching abilities.
Expert		

Adapted from The American Board of Pediatrics: The Pediatrics Milestone Project

Please circle

1. Has this resident demonstrated professional behaviour? YES NO

If No explain

2. Comment Box: Please list 1-2 formative ideas for the resident to work on to proceed to the next level of competence.


Evaluator Signature: _____ Resident Signature: _____

MacPeds Mini MAS for Competency Based Medicine

Resident: _____ Evaluator: _____

Date: _____ Rotation/Setting: _____ Patient Problem: _____

Please base this rating on your observation for this encounter not other scores

Developmental Milestones: Resident as a Leader		
Novice	Check One Box	
		❖ Does not define/clarify roles and expectations for team members. Team management is disorganized and inefficient. Interacts with supervisor(s) in an unfocused and indecisive manner. Open communication is not encouraged within the team. Team members are not given ownership or engaged in decision-making. Manages by mandate. Unable to advocate effectively for the team with faculty, staff, families, patients, and others.
		❖ Interactions suggest that there are roles and expectations for team members, but these are not explicitly defined . Manages the team in a somewhat organized manner. Interacts with supervisor(s) in a somewhat focused but poorly decisive manner . Begins to encourage open communication within the team. Sometimes engages team members in decision-making processes. Manages most often through direction, with some effort towards consensus building. Attempts to advocate for the team with faculty, staff, families, patients, and others.
		❖ Provides some explicit definition to roles and expectations for team members. Manages the team in an organized manner . Interactions with supervisor(s) are focused and decisive in most cases . Open communication within the team is routinely encouraged. Team members are routinely engaged in decision-making and are given some ownership in care. Usually manages through consensus-building and empowerment of others, but sometimes reverts to being directive. Advocates somewhat effectively for the team with faculty, staff, families, patients, and others.
		❖ Routinely clarifies roles and expectations for team members. Manages the team in an organized and fairly efficient manner . Interactions with supervisor(s) are focused and decisive. Creates a foundation of open communication within the team . Team members are expected to engage in decision-making and are encouraged to take ownership in care. Utilizes a consensus-building process and empowerment of others, only in rare instances becoming directive. Advocates effectively for the team with faculty , staff, families, patients, and others.
		❖ Routinely clarifies roles and expectations for team members. Team management is organized and efficient . Interacts with supervisor(s) in a focused and decisive manner. Creates a strong sense of open communication within the team. Team members routinely engage in decision-making and are expected to take ownership in care. Consensus-building and empowerment are the norm . Proactively and effectively advocates for the team with faculty, staff, families, patients, and others. Inspires others to perform.
Expert		

Adapted from The American Board of Pediatrics: The Pediatrics Milestone Project

1. Has this resident demonstrated professional behaviour? YES NO

If No explain

2. Comment Box: Please list 1-2 formative ideas for the resident to work on to proceed to the next level of competence.

Evaluator Signature: _____ Resident Signature: _____

HAND-OFF CEX[®] (PROVIDER EVALUATION)

Evaluator: _____ Resident: _____

Date: _____

Setting (○ Not observed)

≥ 5 interruptions;
noisy, chaotic

1	2	3		4	5	6		7	8	9	
Unsatisfactory				Satisfactory				Superior			no interruptions; silent

Organization/efficiency (○ Not observed)

disorganized;
rambling

1	2	3		4	5	6		7	8	9	
Unsatisfactory				Satisfactory				Superior			standardized sign-out; concise

Communication skills (○ Not observed)

not face-to-face;
understanding not confirmed;
no time for questions;
responsibility for tasks unclear;
vague language

1	2	3		4	5	6		7	8	9	
Unsatisfactory				Satisfactory				Superior			face-to-face sign-out; understanding confirmed; questions elicited; responsibility for tasks clearly assigned; concrete language

Content (○ Not observed)

information omitted
or irrelevant;
clinical condition omitted;
'to dos' lack plan, rationale

1	2	3		4	5	6		7	8	9	
Unsatisfactory				Satisfactory				Superior			all essential information included clinical condition described 'to dos' have plan, rationale

Clinical judgment (○ Not observed)

no recognition of
sick patients;
no anticipatory guidance

1	2	3		4	5	6		7	8	9	
Unsatisfactory				Satisfactory				Superior			sick patients identified; anticipatory guidance provided with plan of action

Humanistic qualities/professionalism (○ Not observed)

hurried, inattentive
inappropriate comments re:
pts, family, staff

1	2	3		4	5	6		7	8	9	
Unsatisfactory				Satisfactory				Superior			focused on task appropriate comments re: patients, family, staff

Overall sign-out competence (○ Not observed)

1	2	3		4	5	6		7	8	9	
Unsatisfactory				Satisfactory				Superior			

1. Comment Box: Please list 1-2 formative ideas for the resident to work on.

Evaluator Signature: _____ Resident Signature: _____

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Please email patienthandoffs@gmail.com with comments or questions.

Resident: _____ Completed by: _____ Date: _____

	Opportunities for growth: Close supervision	Developing: Supervision on demand	Achieving: Supervision for refinement	N/A
History (Medical Expert)	<input type="checkbox"/> Misses basic, relevant information OR gathers irrelevant details	<input type="checkbox"/> Focused and concise	<input type="checkbox"/> Identifies pertinent risk factors and acquires details, seeking corroborative info as required	
Physical Exam (Medical Expert)	<input type="checkbox"/> Omits basic PE manoeuvres OR misinterprets physical findings	<input type="checkbox"/> Performs basic manoeuvres, identifies findings relevant to problem formulation	<input type="checkbox"/> Performs complete relevant exam, identifies signs and integrates their relevance	
Problem formulation (Medical Expert)	<input type="checkbox"/> Limited differential, doesn't prioritize	<input type="checkbox"/> Correct differential, prioritized for simple cases	<input type="checkbox"/> Correct ddx including plausible rarer items, prioritized for complex infrequently encountered cases	
Use/ Interpretation of tests (Medical Expert)	<input type="checkbox"/> Proposes irrelevant/incorrect investigations OR misinterprets results	<input type="checkbox"/> Generally identifies relevant investigations and correctly interprets results	<input type="checkbox"/> Strategic use of investigations and results of investigations inform management	
Management (Medical Expert)	<input type="checkbox"/> Proposes incorrect treatment or inadequate management plan	<input type="checkbox"/> Manages simple/ complex but frequently encountered diagnoses	<input type="checkbox"/> Identifies & manages treatment for complex infrequently encountered diagnosis	
Case report (Communicator)	<input type="checkbox"/> Omits pertinent information	<input type="checkbox"/> Presents all pertinent information	<input type="checkbox"/> Prioritizes information, succinct but thorough	
Organization and efficiency (Manager)	<input type="checkbox"/> Disorganized, prioritizes/manages time poorly	<input type="checkbox"/> Manages time well for simple cases and normal volume	<input type="checkbox"/> Organized and efficient, prioritizes responsibilities well	

How many patients was this based upon? 1-4 5-9 10-15 >15

Has the resident demonstrated professional behaviours during this encounter? Yes No
 Comments: _____

 * Requirement 1 per clinic
 Credit to Queen's Pediatrics for the template from which this encounter card was based