Trainee Name:  
Rotation: Neonatology

Trainee Level:  
Start Date:  
End Date:  
Block(s):  

Goals & Objectives:

Considering the present level of training and, on review of training milestones, assess the resident performance in the following areas:

<table>
<thead>
<tr>
<th>1* unsatisfactory well below expected level</th>
<th>2 marginal additional work needed</th>
<th>3 good performance at the expected level</th>
<th>4 very good area of strength</th>
<th>5 excellent exceptional performance</th>
</tr>
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* must provide comment when selecting

**Medical Expert**

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Demonstrates an appropriate knowledge base.

Gathers relevant information (e.g. through history and physical) and uses that information to generate appropriate differential diagnoses.

Demonstrates an effective approach to neonatal resuscitation.

Demonstrates skill in the comprehensive assessment of the newborn.

Recognizes and responds appropriately to urgent and emergent conditions in the newborn.

Identifies conditions that require transfer to intermediate or ICU nursery.

Appropriately performs family medicine specialty-appropriate procedures.

**Communicator**

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Establishes effective therapeutic relationships with patients and their families, which incorporates racial, cultural, socio-economic and gender considerations.

Utilizes patient centred interviewing skills effectively and consistently.

Shares information and explanations that are clear, accurate and timely while checking for patient and family understanding.

Engages patients and families in plans that reflect the patient’s health care needs and goals.

Communicates clearly and concisely across all domains (charting, letters, reports) and mediums (oral, written, electronic).
### Collaborator

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<tr>
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<tbody>
<tr>
<td>Establishes and maintains positive working relationships with physicians and other colleagues in the health professions.</td>
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<td>Engages in respectful shared decision making with colleagues.</td>
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<td>Demonstrates safe handover of the care of patients to other healthcare professionals.</td>
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### Leader/Manager

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<tr>
<td>Partners with patients to consistently use resources efficiently and cost-effectively.</td>
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<td>Demonstrates effective strategies for time management.</td>
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### Health Advocate

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<td>Identifies vulnerable or at-risk patients and initiates appropriate interventions.</td>
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<td>Is familiar and knows how to access community-based resources for patients</td>
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<td>Advocates for broader social changes to address determinants of health.</td>
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### Scholar

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<td>Recognizes knowledge gaps and seeks appropriate resources to address these gaps.</td>
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<td>Integrates best available evidence into clinical decision-making.</td>
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Professional

Demonstrates professional behaviour.

Demonstrates a commitment to excellence in all aspects of practice.

Recognizes and responds to ethical issues encountered in practice.

Recognizes his/her limitations and seeks assistance appropriately.

Is consistently available and responds in a timely fashion when on call.

Reliably attends all scheduled activities and ensures patient care is transferred appropriately when unavailable.

Entrustable Professional Activities (EPAs)

Please provide an opinion as to this resident’s ability to perform the following EPAs:

(Note: final decisions regarding ‘entrustability’ will be made by the program)

1. cannot practice the EPA
2. practice with full supervision
3. practice with supervision on demand
4. unsupervised practice
5. can supervise others

18. Provide family medicine-centered care to newborns in their first weeks of life.

* must provide comment when selecting

DATA SOURCES:

Number of field notes used for this evaluation: ____
Procedure log reviewed for this rotation: ____

OVERALL COMMENTS:

Please give examples and elaborate on strengths and areas for improvement identified.

* There MUST be a comment for any rating indicated by an asterisk
STRENGTHS:

AREAS FOR IMPROVEMENT:

OVERALL ASSESSMENT OF RESIDENT’S PERFORMANCE

<table>
<thead>
<tr>
<th>Major lapses and/or multiple minor lapses precluding independent performance of goals and objectives of this rotation</th>
<th>Minor lapses but not impairing overall safety or patient outcomes</th>
<th>Consistently performs the objectives competently and safely</th>
<th>Frequently functions at a level beyond that described in the goals and objectives and expected of a successful resident in this rotation</th>
<th>Routinely functions at a level beyond that described in the goals and objectives and expected of a successful resident in this rotation</th>
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Vacation/Conference/Sick Time: ___________________

This assessment was completed by:

☐ One individual (please name):
☐ A group: (list members):
☐ Other:

Name of rotation coordinator:

ITAR completed by:

ITAR discussed with resident by:
Date discussed:

☐ Not discussed (state reason):

Resident’s comment:

☐ I agree with this evaluation ☐ I disagree with this evaluation

Resident’s signature: __________________________ Date: __________

Any concerns about the above assessment should be addressed by completing the Request for Review of Assessment form available in the Program Office and returned by the resident within one week of the date of the evaluation.