Your Clinical Competency Committees are Busy, But What Does Everyone Else Think?

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Toolkit:

- 1. MERIT tool
- 2. Nursing Evaluation of Resident
- 3. NNP Evaluation of Handovers
- 4. Emotional Intelligence tool
- 5. Patient feedback tool (Communication Assessment Tool)









Lucile Packard Children's Hospital Stanford







MERIT Reflection on Improvement Evaluation Tool	
Resident Name:	Evaluation Date:

Reflection on Personal Characteristics of Quality Improvement

	No	Somewhat	Almost	Yes
Relevant new behaviors were proposed				
Resident questioned personal practice				
Next steps towards personal change were considered				
Contributing personal factors were identified				
Multiple options for personal change were considered				
Sufficient details to delineate contributing factors				
	Bottom Quartile	Second Quartile	Third Quartile	Top Quartile
Quality of reflection				

Reflection on System Characteristics of Quality Improvement

	No	Somewhat	Almost	Yes
Relevant changes to system were				
proposed				
Next steps towards system change were identified				
Current institutional practice or				
system was questioned				
Multiple options for system change				
were considered				
Contributing system factors were				
identified				
	Bottom Quartile	Second Quartile	Third Quartile	Top Quartile
Quality of reflection on institution or				
wider health care system				

Problem of Merit

	No	Somewhat	Almost	Yes
Event was patient centered				
Potential for event to effect other patients				
Event could cause negative clinical impact				
Event was evidence based in its description				
	Bottom Quartile	Second Quartile	Third Quartile	Top Quartile
Overall problem of merit				
Overall Improvement opportunity				

Adapted from Wittich, CM, et.al, Validation of a method to measure resident doctors' reflection on quality improvement. Med Ed 2010. 44:248-55

Nursing Evaluation of Resident

The six items below are assessed on a three-item Likert scale:

Does not Meet Expectations, Meets Expectations, Exceeds Expectations

Patient Care

- 1. Resident establishes effective therapeutic relationships with patients and families.
- 2. Resident communicates effectively with team and hospital staff regarding the plan of care.

Practice-based Learning and Improvement

3. Resident is open to suggestions from other members of the medical team.

Professionalism

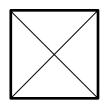
- 4. Resident demonstrates attitudes, behaviors and interpersonal skills essential to care for and communicate with patients, families, and other health care professionals.
- 5. Resident functions as a team player (cooperative, responsible, and respectful of others).
- 6. Resident responds to calls in a timely manner.

Comment boxes:

Areas of Strength:

Areas for Improvement:

NICU NNP Evaluation of Resident Hand-offs



Resident Name:

Effective transfer	Effective transfer of information when handing off patients				
Accuracy of	Information in	Information in	Information in	Information	
information in	handoff is	handoff is	hand-off is	hand-off is	
handoff is	accurate overall	accurate with	accurate even	accurate	
variable with	but still has	minimal errors	with complex	regardless of	
frequent errors	some errors	on straight	patients and	complexity of	
		forward patients	errors are very	the patient and	
		but may have	rare.	you would	
		some errors on		consider this	
		complex patients		resident a role	
				model for hand-	
				offs	

Anticipation of eve	ents after transfer o	of care		
Cannot	Beginning to	Can anticipate	Can anticipate	Can anticipate
anticipate	anticipate	needs of all	potential patient	potential patient
potential patient	potential patient	straight forward	issues in nearly	issues in all
needs, even with	needs but often	patients and	all situations,	situations,
straight forward	fails to identify	beginning to	including	including
patients	key issues in the	anticipate needs	complex patients	complex patients
	hand-off	of more complex		and develops
		patients as well		well-thought out
				contingency
				plans for all
				issues

Written and verba	Written and verbal communication during hand-offs				
Written and	Written and	Written and	Written and	Written and	
verbal	verbal	verbal	verbal	verbal	
communication	communication	communication	communication	communication	
disorganized and	inconsistent in	consistently	consistently	is exemplary,	
confusing. Does	organization and	organized and	organized and	confirms	
not allow time	clarity.	clear. May only	clear regardless	understanding	
for questions or	Occasionally	struggle with	of complexity.	and always	
confirm	confirms	complex		allows time for	
understanding	understanding.	patients.		questions	

Reception of hand	-off			
Does not seem interested in receiving your hand-off in the AM.	Listens to your hand-off in the AM but does not ask clarifying questions or does not understand your concerns	Listens actively to your hand-off, asks clarifying questions on straight forward patients, may only struggle with the most complex patients	Listens actively to your hand-off, asks clarifying questions, and seems to understand concerns even on complex patients	Internalizes the professional responsibility of hand-off communication and receives your hand-off in exemplary fashion

Comments:

Created by Geoffrey M. Fleming M.D.

Please assess the peer using the continuum of behaviors for each category. Utilize both clinical and non-clinical interactions in forming your assessment.

Time Management: The	e fellow's tardiness-timelin	ness		
The fellow is frequently late for conference or appointments or duty, even if only a few minutes late.	The fellow is often late for conference or appointments or duty, even if only a few minutes late.	The fellow is occasionally late for conference or appointments or duty.	The fellow is rarely late for conference or appointments or duty.	The fellow is never late for conference or appointments or duty.
illilitates late.				
Emotional Self Control:	The fellow manages his/l	ner emotions with regards	to outward expressions.	
Always demonstrates/expresse s frustration/anger regarding events/circumstances	Often demonstrates/expresse s frustration/anger regarding events/circumstances	Occasionally demonstrates/expresse s outward manifestation of emotions.	Rarely demonstrates/expresse s outward manifestation of emotions.	Never demonstrates/expresse s outward manifestation of emotions.
Adaptability: The fellow Always resists change and always demonstrates difficulty accepting or enacting change	Often resists change and demonstrates difficulty accepting or enacting change	Occasionally resists change and but often is quick to accept or enact change	Highly adaptable to change, quick to modify behaviors and incorporate new strategy/guidelines.	Assists others with adapting to change.
Motivation: The fellow	's dedication to excellence	;		
Actions suggest the fellow is never motivated by pursuit of excellence or achievement.	Actions suggest pursuit of the minimum acceptable level of achievement.	Actions suggest the fellow is often in pursuit of improvement	Actions suggest a constant pursuit of the highest level of achievement	Actively motivates and assists others to excel
Initiative: The fellow as				•
Will begin a project or task only when punitive consequences imminent.	Will act only when prompted to do so by the system or others.	Occasionally takes the initiative of initiating a task or project before prompting but still relies heavily on external prompts.	Often takes the initiative of initiating a task or project before prompting in circumstances that require action, relies on external prompts	Always takes the initiative of initiating a task or project before prompting in circumstances that require action.
			infrequently.	
Optimism: The fellow's	soutlook			
The fellow continually focuses on the negative in people and situations even in the face of positive circumstances.	The fellow often focuses on the negative in people and situations.	The fellow is neutral regarding people and situations.	The fellow often focuses on the positive in people and situations.	The fellow continually focuses on the positive in people and situations, even in the face of negative circumstances.
-				_

The fellow never	ability to empathize with The fellow rarely	The fellow	The fellow often	The fellow continually
perceives or takes	perceives or takes	occasionally perceives	perceives or takes	perceives and
nterest in the feelings	interest in the feelings	or takes interest in the	interest in the feelings	considers the feelings
of others	of others	feelings of others	of others	of others
Situational Awaranass	The follow's shility to an	ticipate and recognize ong	roing iggues	
The fellow never	The fellow rarely	The fellow	The fellow often	The fellow always
anticipates or senses	anticipates or senses	occasionally	anticipates and senses	anticipates and assists
emerging situations or	emerging situations or	anticipates and senses	emerging situations or	others by alerting
conflicts	conflicts	emerging situations or	conflicts	them to emerging
		conflicts		situations or conflicts
Developing Others: The	e fellow's ability to foster	development among men	nbers of the team.	
The fellow never	The fellow rarely	The fellow	The fellow often	The fellow actively
encourages the	encourages the	occasionally	encourages the	seeks opportunities for
development of the	development of the	encourages the	development of the	the development of the
skills/abilities of	skills/abilities of	development of the	skills/abilities of	skills/abilities of
junior members of the	junior members of the	skills/abilities of	junior members of the	junior members of the
team.	team.	junior members of the	team.	team.
		team.		
		in non-crisis situations. (C		
The fellow leads only	The fellow leads by	The fellow relies	The fellow leads	The fellow leads
through an	predominantly by a	heavily on a "top	predominantly	predominantly by a
authoritarianstyle.	"top down" approach,	down" approach, but	throughconsensus	"bottom up" approach
(Commanding)	dictating care with	will obtain consensus	buildingand	encouraging the team
	little input from the	occasionally.	collaboration, with	to identify or solve
	team.(Commanding)	(Commanding,	occasional coaching	problems before the
		Democratic)	of juniors.	team. (Coaching)
			(Democratic,	
			Coaching)	
	ellow's ability to commun			
The fellow never	The fellow rarely	The fellow	The fellow often	The fellow continually
explores the concerns	explores the concerns	occasionally explores	explores the concerns	explores the concerns
of others nor provides	of others or provides	the concerns of others	of others and provides	of others and reframes
any option for "read-	any option for "read-	and provides an option	an option for "read-	the concerns/questions
back" or questions.	back" or questions.	for "read-back" or	back" or questions	as they have been
		questions		outlined.
	· · · · · · · · · · · · · · · · · · ·	nmunicate during and reso		
Problem solves in	Problem solves in	Occasionallyproblem	Often problem solves	Problem solves in
conflict only from a	conflict frequently	solves in conflict by	in conflict by	conflict by exploring
predetermined stance	from a predetermined	exploring best	exploring best	best outcome for the
or position. Unable to	stance or position.	outcome for the	outcome for the	patient/situation and
cultivate open	Willoccasionally	patient/situation and	patient/situation and	negotiates/communicates
discussion and shared	explore shared	frequently negotiates/	frequently negotiates/	in a way that promotes
understanding of the	understanding of the	communicates in a	communicates in a	shared decision making.
issues.	issues.	way that promotes	way that promotes	
		shared decision	shared decision	
		making.	making.	

Communication Assessment Tool:

Resident's Name:	
Current date:	

Communication with patients is an important part of good medical care. We would like to know how you feel about the way the resident doctor communicated with you and/or your child. Your answers are completely confidential and will <u>not</u> affect your/your child's medical care in any way, so please be as open and honest as you can. For paper surveys, please place the completed survey in the envelope provided, seal, and return to the nurse or medical assistant.

The resident doctor	Poor	Fair	Good	Very Good	Excellent
1. Greeted me in a way that made me feel comfortable	1	2	3	4	5
2. Treated me with respect	1	2	3	4	5
3. Showed interest in my ideas about my (child's) health	1	2	3	4	5
4. Understood my (child's) main health concerns	1	2	3	4	5
5. Paid attention to me (looked at me, listened carefully)	1	2	3	4	5
6. Let me talk without interruptions	1	2	3	4	5
7. Gave me as much information as I wanted	1	2	3	4	5
8. Talked in terms I could understand	1	2	3	4	5
Checked to be sure I understood everything	1	2	3	4	5
10. Encouraged me to ask questions	1	2	3	4	5
11. Involved me in decisions as much as I wanted	1	2	3	4	5
12. Discussed next steps, including any follow-up plans	1	2	3	4	5
13. Showed care and concern	1	2	3	4	5
14. Spent the right amount of time with me	1	2	3	4	5

15. What did the resident doctor do well to communicate with you/your child? Please give specific examples.

16. How can the resident doctor improve his/her communication with you/your child? Please give specific examples.