

Faculty _____

Rounding Observation Form

Date _____

Trainee _____

MS3 MS4 PGY1 PGY2 PGY3

Bedside Rounding Checklist	Critical Deficiencies			Ready for unsupervised practice	Aspirational
Active Problems : the main problem that needs to be managed to improve patient's health (PC!)	Relies exclusively on documentation of others to generate own database or differential diagnosis Fails to recognize patient's central clinical problems	Inconsistently recognizes patients' central clinical problem or develops limited differential diagnoses	Consistently performs accurate and appropriately thorough physical exams Uses collected data to define a patient's central clinical problem(s)	Performs accurate physical exams that are targeted to the patient's complaints Synthesizes data to generate a prioritized differential diagnosis and problem list	Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing
Overnight Issues: Discuss with overnight team and nurses (ICS2)	Utilizes communication strategies that hamper collaboration and teamwork	Uses unidirectional communication that fails to utilize the wisdom of the team	Inconsistently engages in collaborative communication with appropriate members of the team	Consistently and actively engages in collaborative communication with all members of the team	Role models and teaches collaborative communication with the team to enhance patient care, even in challenging settings and with conflicting team member opinions
Results: Labs/ imaging/ reactions (MK2)	Lacks foundational knowledge to apply diagnostic testing and procedures to patient care	Inconsistently interprets basic diagnostic tests accurately	Consistently interprets basic diagnostic tests accurately	Interprets complex diagnostic tests accurately	Anticipates and accounts for pitfalls and biases when interpreting diagnostic tests and procedures Pursues knowledge of new and emerging diagnostic tests and procedures
Consultants: Notes & recommendations, Therapies: Physical Therapy/ Speech/ Nutrition (SBP1)			Participates in team discussions when required but does not actively seek input from other team members	Understands the roles and responsibilities of and effectively partners with, all members of the team Actively engages in team meetings and collaborative decision-making	Integrates all members of the team into the care of patients, such that each is able to maximize their skills in the care of the patient Efficiently coordinates activities of other team members to optimize care

The resident is ready for indirect supervision Yes___ NO___

The Resident is ready for unsupervised practice Yes___ NO___

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What did the intern discuss with the patient? Does the patient understand the plan? Is the nurse aware of the plan? (PROF1)	Does not demonstrate responsiveness to patients' and caregivers' needs in an appropriate fashion	At times able to demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion Inconsistently considers patient privacy and autonomy	Is available and responsive to needs and concerns of patients, caregivers, and members of the interprofessional team Emphasizes patient privacy and autonomy in all interactions to ensure safe and effective patient care	Anticipates, advocates for, and actively works to meet the needs of patients and caregivers Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care, as appropriate	Role-models appropriate anticipation and advocacy for patient and caregiver needs. Fosters collegiality that promotes a high-functioning interprofessional team
Plan: Discharge/ Social work recommendations (SBP4)	Does not recognize the need for communication at time of transition. Omits social work recommendations for discharge	Needs prompting to utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems	Recognizes the importance of communication during times of transition. Communication with future caregivers is present but with lapses in pertinent or timely information	Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems	Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency and ensure high quality patient outcomes
Place all necessary orders, medications & scans, update Advanced Directives and Code Status (PROF3)	Is insensitive to differences related to culture, ethnicity, gender, race, age, and religion in the patient/caregiver encounter	Requires assistance to modify care plan to account for a patient's unique characteristics and needs	Modifies care plan to account for a patient's unique characteristics and needs with partial success	Appropriately modifies care plan to account for a patient's unique characteristics and needs	Role models consistent respect for patient's unique characteristics and needs
Action to improve					

The resident is ready for indirect supervision Yes___ NO___

The Resident is ready for unsupervised practice Yes___ NO___

How to use the bedside rounding observation tool

1. Bedside rounds is a learning experience where the supervising physician will assess one or more of the rounding behaviors on the left side of the form.
2. Please make sure the resident has a copy of this form before its use. Tell them: "This is how you will be evaluated on bedside rounds".
3. The assessment areas are linked to competency based milestones.
4. The supervising physician should only assess the items they observed.
5. The rounding team should go to the patient bedside for any of the items chosen for assessment. The intent is not to complete the assessment in one bedside encounter. This is meant for timely feedback of one or two assessments.
6. This form is the basis for supervising physician feedback
 - a. The resident should be aware of what items they are working on.
 - b. The supervising physician should start rounds by asking the resident what they are working on.
 - c. How might the resident improve the skill level for the item assessed? The faculty should write down actions to improve in the space on the form. For example: avoid jargon, ask the patient to teach back their understanding of the plan
 - d. Over the course of training the resident should have multiple direct observations
7. The action you advise them to improve on should help them gradually become ready for indirect supervision (PGY 2 who may run bedside rounds for a team) or ultimately ready for unsupervised practice (by the end of PGY3 year)
8. The trainee will be assessed on multiple encounters as they continue to progress through the milestones to entrustment.
9. The supervising physician should make an entrustment judgment as follows;
 - a. The resident is ready for indirect supervision ___ yes or ___no

yes-resident can run bedside rounds with a team with the attending immediately available by means of telephonic and/or electronic modalities to provide direct supervision.

No- Do not grant this entrustment if the trainee has not consistently shown all of the behaviors necessary without prompts on multiple observations
 - b. The resident is ready for unsupervised practice
10. You can complete the evaluation in Evalue on you cell phone, Ipad , computer or on paper. If on paper, please make a copy for the resident and turn it in to the department of medicine. It can be left in the Program Directors mailbox or given to 6 south administrative staff

9/19/14

11. THIS OBSERVATION TOOL REPLACES THE GENERAL EVALUATION FOR THIS ROTATION IN EVALU. *Thanks for your support of our academic mission for patient centered quality care Jill Patton D.O.*