ICU Workplace-Based Assessment Form - PROCEDURES

Name of Trainee:	Initiated assessment: ☐	# ICU months: (Months of ICU rotation completed since beginning of CCM program)
Name of Faculty:	Initiated assessment: ☐	Date: MM / DD / YY

Setting: ☐ICU ☐E.R. ☐Ward ☐Post-Op Unit

Procedure: ☐Intubation ☐CVC insertion ☐Chest tube ☐Bronchoscopy

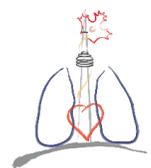| **Complexity**:	☐Low Low-risk, non-urgent routine procedure with normal anatomy.	☐Moderate Some elements of anatomical challenges, urgency, and/or high-risk circumstances.	☐High Complex and atypical anatomy, emergency, and/or very high-risk circumstances.

Brief case description:

CHOOSE 2 AREAS OF FEEDBACK.

For each, provide: 1) narrative comments on trainee's strengths, areas for development, and improvement strategies, and 2) choose a level of autonomy on the entrustment scale.

NEEDS INTERVENTIONS Unable to do without others' actions.	NEEDS DIRECTIONS Partially able to do with others' directions.	NEEDS MINIMAL GUIDANCE Mostly able to do with minimal guidance.	AUTONOMOUS Able to do without guidance; refinement possible with feedback.	EXPERT Able to do in complex situations; personal insight on performance.

Areas of feedback	Feedback				
☐ **Knowledge of indications, risks, anatomy, and technique** Ability to understand and explain the indications, risks, anatomy, and technique of a procedure.	Narrative Comments				
	INTERVENTION ☐	DIRECTION ☐	GUIDANCE ☐	AUTONOMOUS ☐	EXPERT ☐
☐ **Consent/Communication** Ability to provide clear and understandable information to patient/family and to encourage questions.	Narrative Comments				
	INTERVENTION ☐	DIRECTION ☐	GUIDANCE ☐	AUTONOMOUS ☐	EXPERT ☐
☐ **Preparation/Analgesia & Sedation** Ability to prepare site and material, to position the patient, to anticipate complications, and to provide appropriate analgesia/sedation.	Narrative Comments				
	INTERVENTION ☐	DIRECTION ☐	GUIDANCE ☐	AUTONOMOUS ☐	EXPERT ☐
☐ **Technical Ability** Manual dexterity, correct procedural sequence, and minimal hesitation or unnecessary actions.	Narrative Comments				
	INTERVENTION ☐	DIRECTION ☐	GUIDANCE ☐	AUTONOMOUS ☐	EXPERT ☐

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	Narrative Comments				
☐ **Aseptic Technique** Application of universal standards for infection prevention.					
	INTERVENTION ☐	**DIRECTION** ☐	**GUIDANCE** ☐	**AUTONOMOUS** ☐	**EXPERT** ☐
☐ **Post-Procedure Management/Documentation** Ability to arrange for post-procedural care and to document properly the procedure, including the complications.	Narrative Comments				
	INTERVENTION ☐	**DIRECTION** ☐	**GUIDANCE** ☐	**AUTONOMOUS** ☐	**EXPERT** ☐
☐ **Organization/Efficiency** Delivering care with optimal use of time and resources.	Narrative Comments				
	INTERVENTION ☐	**DIRECTION** ☐	**GUIDANCE** ☐	**AUTONOMOUS** ☐	**EXPERT** ☐
☐ **Professionalism** Commitment to high standards of behavior and ethics.	Narrative Comments				
	INTERVENTION ☐	**DIRECTION** ☐	**GUIDANCE** ☐	**AUTONOMOUS** ☐	**EXPERT** ☐
☐ **Insight** Recognition of the limits of one's experience and expertise.	Narrative Comments				
	INTERVENTION ☐	**DIRECTION** ☐	**GUIDANCE** ☐	**AUTONOMOUS** ☐	**EXPERT** ☐

OVERALL PERFORMANCE

Choose a level of autonomy on the entrustment scale for the overall clinical activity being assessed.

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CᴀɴMEDS Roles

Choose the role(s) addressed during the feedback.

Medical Expert ☐	Communicator ☐	Collaborator ☐	Leader ☐	Health Advocate ☐	Scholar ☐	Professional ☐

Trainees' Comments/Reflections:

Signatures:	Trainee	Faculty

UNIVERSITY OF TORONTO | Interdepartmental Division of Critical Care Medicine