Faculty Member Observed: T. DiRocco Faculty	ulty Member	Observing: <u></u>	.Fernande	2	
1 - 4 / /		1 /)	mandez	DATE:	4/8/15
Signature:		HE 0.20 CHOSE	()		, .
Please check off all behaviors from the checklist which yo	ou were able	e to observe. N	ot all behaviors a	re expected t	o be
observed in a single observation period.					
Please comment in the sections below and copy this form	m and return	to PROPS stu	dy group (comme	nt box). Ther	e must be
comments to receive credit for the observation.					
comments to receive credit for the observer.					
Patient and Family Centered Care					
Observations/Bright Spots:		· lenalar	is who	· count	20 UN D.
Excellent use of protunity s	paces fi	24 cacaii	y a when	3000m	Pare plan
Observations/Bright Spots: EXCELLENT USE of pyrotunity sp jiling in a out of room. always	summa	rizes p u	utern fres	illus 3)	are pure.
Suggestions:		O			
Suggestions: Could discuss pertitent phr exam vs. reported exam b	writal.	exam b	indings "	ohenak	ble le you
evan Vs. reported exam b	& resiz	lent it	a velpp	<i>t.</i>	
Teaching / Supervisory Skills			ו∧		
(2 : 1 : Ct		90	0	T '	0.1.2.0.
Observations/Bright Spots: Encourages rendent autonor desprte even unterruptions for	ma as	ed mobile	em solving	f. 1cm	e efficien
Encourages resident without he	on ne	1 outson	cialists.)	
despite even interruption go	o it joed	C suc spec			
Suggestions:	ital bo	answe	is to quen	hom yo	on pose
of A comple times como nave wa	ines po	Later to	he laws	M C (rem	Donroute
before asteing another quest	70n U	to my per	nas peres	De Mitor	12 Wirele
Suggestions: Suggestions: Shopple times could have was before whire another quest we dilln't answer before you mkee	d'Wri	it their	wed you rej	NO CA	, , ,
	NO DESCRIPTION	E A SA S	1 -10 m	2-1.00	1.244
Observations / Bright Spots:	fullar.	new, goo	od rolt nu	vace, a.	eaus
Very corregion enough	rens Da	ents is 4	you are a 4	reat jud	ege of you
WINDS MYS VIIDE	our por	be to the terminal of the term	0	0	000
Suggestions y dustren.".					
none					
Overall reflections on observations:					
1 1 manifest ECR					
Superb organized FCR					
What aspects are different than "your " FCR?					
			- of wan in	dation 1	of to come
work limiter sometimes of wi	as askir	of parent	because	2 thous	ut to come
very similar, sometimes of w.	as askin	sparent	because	2 thous	ut to come ut melist
very similar, sometimes of w. outside so we didn't all i	as askin	Lown up	because of Sometimes 50%	2 Thous	Always 100%
wery similar, sometimes of with side so we didn't all in the services for the MOC tracking questions	need to Never 0%	bown up	because of Sometimes 50%	2 thous 6 Usually 75%	of to come at melist Always 100%
What aspects are different than "your " FCR? Wery Similar, sometimes of with all outside so we didn't all outside so we didn't all outside so we didn't all outside so we have suited for the team.	as askin need to Mever 0%	Down Up Down Up De Of Se Rarby 25%	because Sometimes 50%	Usually 75%	Always 100%
1 Introduction of the team	as asking the miss of the miss	bwn up are of ye Rarely 20%	because of Sometimes 50%	Usually 75%	Always 100%
	as askin need to Mever 0%	Down up and of the Rarby 25%	because of Sometimes 50%	Usually 75%	Always 100%

Observation Tool	Start Time:	1840	Er
		001-	

End Time:

Date: 4/8/15

	Patient and Family Centered Care	Never	Rarely 25%	Sometimes 50%	Usually 75%	Always 100%
11		0%			7370	1/
	Overall efficient time management		-			V
	Encourages/Listens to resident brief/debrief (Utilizes family centered care S.Empowers senior resident to lead rounds					17
xum w	Utilizes family centered care					
mm"	Empowers senior resident to lead rounds				V	
	• Introduction of team		-		-	V
1	Waits until the end to give input	11				1
out.	Uses opportunity spaces [- Does this all	or!	-			2
with	Non dominant position of the attending /					1-
w. Ja	2. Models incorporation of nurse & staff input					1
Will	3. Assures white boards are up to date		4		-	, ,
, ,	4. Solicits input from families //					
	Demonstrates/discusses pertinent physical/clinical findings with learners — Could do more Contributes or elicits additional clinical information					
Male	findings with learners — could do more					
Wier	Contributes or elicits additional clinical information					V
Will	when appropriate		-			
is in	Verifies plan of care is clearly communicated to the					-
1 pm	family and team		- 1 250/	S	Havally	Always 100%
10	findings with learners Contributes or elicits additional clinical information when appropriate Verifies plan of care is clearly communicated to the family and team Teaching/Supervision	Never	Rarely 25%	Sometimes 50%	Usually	Always 100%
		0%			75%	
	Creates an optimal learning environment					
	1. Involves learners of all stages					
	2. Encourages questions					
	3. Encourages autonomy					
	 Positive feedback 					
runkla	Validates Senior's ideas to the family					-
Cala 36	Gentle Corrections/Clue Questions					
SWISH	Validates Senior's ideas to the family / Gentle Corrections/Clue Questions Supports intern/resident decision making					V
1,76	Supports intern/resident decision making 4. Listens and demonstrates patience					
N.C.	reaching reflects appropriate and up to date					./
Lus a	knowledge, experience and perspective					,
1.	Balance between foundational education & teaching patient management 67 TWISSEN distursion					
	patient management 61 thissen discussion					
	Teaching Clinical decision making				V	
	Step 1: Discusses clinical decision making				V	
	P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	Step 2: Stimulates learner to demonstrate problem solving (what is going on? What should					
With	we do? Why? fame Why fire now?					
· · · · ·	1) we do? Why?) March hold to recently COP					
Min	Step 3. Encourages learners to commit to and				V	
1. Die	develop assessments and plans	1				
ques	mo unis	<i>e</i> ?				
yw.	Interpersonal Communication/Professionalism Skills	Nev	er Rarely	Sometimes 50		
•		0%	25%		75%	100%
	Creates a collegial environment with learners					V
MAKE	The Frequency of interruptions during presentation	n				V
Chi	2.Situational feedback provided when					/
0,,	appropriate					
1.4	3. Models professional & approachable body					1
DWDW	language					
pare	4Manages up nurses & staff		Alexander of the second		1	
Lec	5.Enthusiasm and personal engagement with					1/
of he	patient care, the team and teaching					V ,
Pine	6. Humility and self-reflection					
77.	O. Hummity and sen renession					

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Faculty Member Observed: Ten Di Rocco Fac	ulty Membe	r Observing:	Sh Salye	_	
(**) a A Marin (sep) (sep) (sep) (sep)		ture: MH	Spin	DATE	: 3/20/15
ignature:			U. b. all b. abassians are		
Please check off all behaviors from the checklist which you	ou were ab	le to observe. I	Not all benaviors are	e expected	to be
Please comment in the sections below and copy this form	m and retu	rn to PROPS stu	ıdy group (commen	t box). The	ere must be
comments to receive credit for the observation.				E well plus	
Patient and Family Centered Care					
Patient and Family Centered care	nekod	for thuis	nts from your	torn 1	~ 223 + v
Observations/Bright Spots: Engaged how you didn't	wt t	· Athron	os (Pulmity me)		,
Suggestions: - Continue to work on placement	nt of yo	wself & m	Kosura intem	Studen	ts prosent t
SPAIL.					
- Maybe ask note before unflaren	My lewi	y room			
Teaching / Supervisory Skills	,	-/			
Observations/Bright Spots: - Nive Jol discussing Clark from the not concerns. - I (100 the idea of PM lectures! - NAACP 5 nive. Plands.	, whit	Flore forto	ly on 205	it dues c	inice jub o
Observations/Bright Spots:		3 .5	,		
- Tile the ide of I'm lectures!					
Suggestions: - Maybe big the mod S	12 1 1	1. 10/14	+ 2254	+ 41 (1)	lace action
Suggestions: - maybe big the mod S	tunt	WEST, 101	compression of the state of the		. , ,
Subsections.					
nterpersonal Communication & Profess	sionalisi	m Skills			
Observations / Bright Spots: You wander ke	2 1/4		de tea The	04.014	hukin n
Observations / Bright Spots: Yv~ wanning	14.19	vicot o q	" (CES , 12	9 1119	7
your your positions attitude is intoctions!					
7 6 1					
Suggestions: -Triston-"cut our losges"	0 23	: /			
Suggestions: -Tristan - cut ov- 115815	10.	•			
Overall reflections on observations: -torjh 50		016	Good by 1 th	1.1111	al c.
Quarall reflections on observations: -tough 51	new senti	- pilo trins	for city is wear	0.144	- MI L WI
C. No. + Oak	2 wey	relevant to	zling.		
-ui-			•		
What aspects are different than "your " FCR? -	- Yu have	be the tocalis	family onuse i	avalual	enclis
	Mey be of	y tipet The	etem.ly thuse		••••
·		41 - 50-11	to the proper		
	Tryoh	W THE HENIUS			
t AOC transling questions		-		Usually	Always 100%
MOC tracking questions	Never	Rarely 25%	Sometimes 50%		
	Never	-		Usually	
Introduction of the team Models incorporation of nurse & staff input	Never	-		Usually	
Introduction of the team Models incorporation of nurse & staff input	Never	-		Usually	
Introduction of the team	Never	-		Usually	

			- 1	
Obs	erva	tion	Tool	ı

Start Time: 8:38 End Time:

Date: 3/20/15

Patient and Family Centered Care	Never	Rarely 25%	Sometimes 50%	Usually 75%	Always 100%
Overall efficient time management					
Encourages/Listens to resident brief/debrief					
Utilizes family centered care					
1.Empowers senior resident to lead rounds				Ilst.	ive doperant)
 Introduction of team 				V	1
 Waits until the end to give input 					\checkmark
 Uses opportunity spaces 			- Charriel I	1 1 1	
 Non dominant position of the attending 					
2. Models incorporation of nurse & staff input			/		
3. Assures white boards are up to date				0	
4. Solicits input from families					
Demonstrates/discusses pertinent physical/clinical				1	
findings with learners				√	
Contributes or elicits additional clinical information					1
when appropriate					V
Verifies plan of care is clearly communicated to the			2		
family and team					
Teaching/Supervision	Never	Rarely 25%	Sometimes 50%	Usually	Always 100%
	0%			75%	
Creates an optimal learning environment					0;
1. Involves learners of all stages					
2. Encourages questions					V
3. Encourages autonomy					
 Positive feedback 					
 Validates Senior's ideas to the family 					
 Gentle Corrections/Clue Questions 					~
 Supports intern/resident decision making 		- 1 /2 I			/ /
4. Listens and demonstrates patience					12.
Teaching reflects appropriate and up to date					
knowledge, experience and perspective					
Balance between foundational education &teaching					
patient management					
Feaching Clinical decision making					
Step 1: Discusses clinical decision making					
Step 2: Stimulates learner to demonstrate					
problem solving (what is going on? What should					
we do? Why?)			==		V
Step 3. Encourages learners to commit to and					/
develop assessments and plans					

Interpersonal Communication/Professionalism Skills	Never 0%	Rarely 25%	Sometimes 50%	Usually 75%	Always 100%
Creates a collegial environment with learners					
1.Frequency of interruptions during presentation				L	
2.Situational feedback provided when appropriate					_
Models professional & approachable body language .					
4.Manages up nurses & staff			V		
5.Enthusiasm and personal engagement with patient care, the team and teaching					_
6. Humility and self-reflection					~

	Signature:
	Please check off all behaviors from the checklist which you were able to observe. Not all behaviors are expected to be observed in a single observation period.
	Please comment in the sections below and copy this form and return to PROPS study group (comment box). There must be comments to receive credit for the observation. Patient and Family Centered Care
	Observations/Bright Spots: farent (5) were in the room and asked by metern, pesident, at attendix " what questions to you have for mi?"
	Suggestions: Ask is translator should be used? There was a family Construct polifert), I'm not sure is they understood but were polife. Sometimes terms used were too complicated
	Teaching / Supervisory Skills
none	Observations/Bright Spots: Dr. Di Rocco would talk to the team outside the patient's room, asking them to think about how the patient we gosterday and empared to today, in the room did it again include students: The mobiler. Stoggestions: The mobiler. Bright spots: She lostened to the med student's presentate and examine the abid and told him that she liked how he present the negative clinical finding also, which he was looking for after his reading.
	Interpersonal Communication & Professionalism Skills
	Observations/Bright Spots: All levels, med student, intern, and resident, weeks
	and she emphasized her support of the Planes Findings Suggestions:
	Overall reflections on observations: Dr. Di Rocco managed her time as best as she could spending more time with the more complicated and acute. She allowed her team to have autonomy itself also employed the fleenily that she agree with the plan and tried to briefly summerize. She tried to give positive What aspects are different than "your" FCR Schoole
_	NOC tracking questions Never Rarely 25% Sometimes 50% Usually Always 100%

0%

75%

MOC tracking questions

1. Introduction of the team

4. Solicits input from families

2. Models incorporation of nurse & staff input

3. Assures white boards are up to date

Observation Tool St	art Time: 9	83 End T	ime: (031 AW)		
Patient and Family Centered Care	Never 0%	Rarely 25%	Sometimes 50%	Usually 75%	Always 100%
Overall efficient time management				V_	
Encourages/Listens to resident brief/debrief					
Utilizes family centered care					
1.Empowers senior resident to lead rounds					~
Introduction of team					v
 Waits until the end to give input 				~	
 Uses opportunity spaces 					
Non dominant position of the attending				/	
2. Models incorporation of nurse & staff input					
3. Assures white boards are up to date					\sim
4. Solicits input from families					ー
Demonstrates/discusses pertinent physical/clinical					
findings with learners				<u></u>	
Contributes or elicits additional clinical information					
when appropriate				<u></u>	
Verifies plan of care is clearly communicated to the					_
family and team					
Teaching/Supervision	Never 0%	Rarely 25%	Sometimes 50%	Usually 75%	Always 100%
Creates an optimal learning environment				-	<u></u>
1. Involves learners of all stages					U
2. Encourages questions				-	レ
3. Encourages autonomy					
 Positive feedback 					~
 Validates Senior's ideas to the family 					~
 Gentle Corrections/Clue Questions 					
 Supports intern/resident decision making 					
4. Listens and demonstrates patience					
Teaching reflects appropriate and up to date					
knowledge, experience and perspective					V
Balance between foundational education &teaching		110		02/07/00	
patient management					
Teaching Clinical decision making					ļ
Step 1: Discusses clinical decision making					
Step 2: Stimulates learner to demonstrate					
problem solving (what is going on? What should				1	

Interpersonal Communication/Professionalism Skills	Never	Rarely 25%	Sometimes 50%	Usually 75%	Always 100%
Creates a collegial environment with learners					-
1.Frequency of interruptions during presentation	<u></u>				
Situational feedback provided when appropriate					
Models professional & approachable body language				<u></u>	
4.Manages up nurses & staff				<u></u>	-
5.Enthusiasm and personal engagement with patient care, the team and teaching					
6. Humility and self-reflection					

we do? Why?)

Step 3. Encourages learners to commit to and

develop assessments and plans