

**University of Florida College of Medicine
Department of Pediatrics Medical Education**

**Fourth Year Pediatric Sub-internship Syllabus
2021-2022**



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Welcome

The Department of Pediatrics is thrilled by your choice of sub-internship. During the next four weeks, our goal is to ensure your experience in our department is both challenging and educationally rewarding. Your goal as a sub-intern is to function like an intern! You'll be assigned patients and take call like an intern, will follow the resident schedule and are required to attend the same lectures including morning reports, noon conference, and grand rounds. The one (major) difference is your orders will have to be co-signed.

You are expected to be an integral part of the ward team both clinically and educationally. Since this is an "acting internship", we strive to give the exact amount of autonomy required to provide that coveted glimpse into the intern experience, but also the appropriate amount of oversight to ensure the learning environment is a comfortable and safe place for your professional development. Ultimately, your attending(s) and residents will determine your workload and independence levels.

From an academic standpoint, we expect you to perform your duties to the best of your ability at all times and to continuously strive for improvement in your performance. We expect you to come in with proficiency in performing H&Ps and initiating a differential diagnosis and assessment. During this month, you will broaden your differentials, improve your problem-solving abilities, and make great progress in generating diagnostic and treatment plans. You should take advantage of every opportunity to learn procedures and practice cross-cover.

To facilitate this development, we've listed within the syllabus the College of Medicine's six core competencies, our five goals for sub-internship, and the corresponding objectives. Faculty, residents, and the Sub-Internship Director will assist in your growth by providing competency-based formative and summative feedback. Your final grade is determined by the Sub-internship Director based on this feedback.

We hope during this time you will display an eagerness to learn, to teach yourself and others, and to appreciate the special nature of children and their health problems. Again, welcome and we hope that you enjoy this opportunity to work more independently and practice for your upcoming internship. Enjoy yourself and work hard. You and your future patients will benefit from this experience.

With warmth,

Genie Beasley, M.D.

Director, Sub-Internship Program

Joie Cavazos and Sonia Mehta M.D.'s

Co-Chief Residents of the Department of Pediatrics

Melissa Watson

Medical Student Coordinator

Sub-internship Organization & Locations

Administration

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Gainesville Inpatient Pediatric Locations

Shands Children's Hospital

1600 SW Archer Road

Gainesville, FL 32610

(800) 749-7424

(352) 265-0111

Pediatric Wards (Green, Orange, Blue): 4th Floor, 4200, 4400/IMC, 4500 wings

Newborn Nursery/NICU: 3rd Floor, 3500 wing

EPAs & Functions

The Department's expectations of your performance are aligned with the College of Medicine's Entrustable Professional Activities (EPA) based-curriculum. You will experience, be taught, and evaluated specifically on your performance of the following EPAs.

EPAs

- 1. Gather a history and perform a physical examination**
- 2. Prioritize a differential diagnosis following a clinical encounter**
- 3. Recommend and interpret common diagnostic and screening tests**
- 4. Enter and discuss orders and prescriptions**
- 5. Document a clinical encounter in the patient record**
- 6. Provide an oral presentation of a clinical encounter**
- 7. Form clinical questions and retrieve evidence to advance patient care**
- 8. Give or receive a patient handover to transition care responsibility**
- 9. Collaborate as a member of an interprofessional team**
- 10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management**
- 11. Obtain informed consent for tests and/or procedures**
- 12. Perform general procedures of a physician**
- 13. Identify system failures and contribute to a culture of safety and improvement**

Functions

1. Gather a history and perform a physical examination

- Obtain a complete and accurate history in an organized fashion.
- Demonstrate patient-centered interview skills (attentive to patient verbal and nonverbal cues, patient/family culture, social determinants of health, need for interpretive or adaptive services; seeks conceptual context of illness; approaches the patient holistically and demonstrates active listening skills).
- Identify pertinent history elements in common presenting situations, symptoms, complaints, and disease states (acute and chronic).
- Obtain focused, pertinent histories in urgent, emergent, and consultative settings.
- Consider cultural and other factors that may influence the patient's description of symptoms.
- Identify and use alternate sources of information to obtain history when needed, including but not limited to family members, primary care physicians, living facility, and pharmacy staff.
- Demonstrate clin
- Perform a complete and accurate physical exam in logical and fluid sequence.
- Perform a clinically relevant, focused physical exam pertinent to the setting and purpose of the patient visit.
- Identify, describe, and document abnormal physical exam findings.
- Demonstrate patient-centered examination techniques that reflect respect for patient privacy, comfort, and safety (e.g., explaining physical exam maneuvers, telling the patient what one is doing at each step, keeping patients covered during the examination). ical reasoning in gathering focused information relevant to a patient's care.
- Demonstrate cultural awareness and humility (for example, by recognizing that one's own cultural models may be different from others) and awareness of potential for bias (conscious and unconscious) in interactions with patients.
- Perform a complete and accurate physical exam in logical and fluid sequence.
- Perform a clinically relevant, focused physical exam pertinent to the setting and purpose of the patient visit.
- Identify, describe, and document abnormal physical exam findings.

- Demonstrate patient-centered examination techniques that reflect respect for patient privacy, comfort, and safety (e.g., explaining physical exam maneuvers, telling the patient what one is doing at each step, keeping patients covered during the examination).

2. Prioritize a differential diagnosis following a clinical encounter

- Synthesize essential information from the previous records, history, physical exam, and initial diagnostic evaluations.
- Integrate information as it emerges to continuously update differential diagnosis.
- Integrate the scientific foundations of medicine with clinical reasoning skills to develop a differential diagnosis and a working diagnosis.
- Engage with supervisors and team members for endorsement and verification of the working diagnosis in developing a management plan.
- Explain and document the clinical reasoning that led to the working diagnosis in a manner that is transparent to all members of the health care team.
- Manage ambiguity in a differential diagnosis for self and patient and respond openly to questions and challenges from patients and other members of the health care team.

3. Recommend and interpret common diagnostic and screening tests

- Recommend first-line, cost-effective diagnostic evaluation for a patient with an acute or chronic common disorder or as part of routine health maintenance.
- Provide a rationale for the decision to order the test.
- Incorporate cost awareness and principles of cost-effectiveness and pre-test/post-test probability in developing diagnostic plans.
- Interpret the results of basic diagnostic studies (both lab and imaging); know common lab values (e.g., electrolytes).
- Understand the implications and urgency of an abnormal result and seek assistance for interpretation as needed.
- Elicit and take into account patient preferences in making recommendations.

4. Enter and discuss orders and prescriptions

- Demonstrate an understanding of the patient's current condition and preferences that will underpin the orders being provided.
- Demonstrate working knowledge of the protocol by which orders will be processed in the environment in which they are placing the orders.
- Compose orders efficiently and effectively, such as by identifying the correct admission order set, selecting the correct fluid and electrolyte replacement orders, and recognizing the needs for deviations from standard order sets.
- Compose prescriptions in verbal, written, and electronic formats.
- Recognize and avoid errors by using safety alerts (e.g., drug-drug interactions) and information resources to place the correct order and maximize therapeutic benefit and safety for patients.
- Attend to patient-specific factors such as age, weight, allergies, pharmacogenetics, and co-morbid conditions when writing or entering prescriptions or orders.
- Discuss the planned orders and prescriptions (e.g., indications, risks) with patients and families and use a nonjudgmental approach to elicit health beliefs that may influence the patient's comfort with orders and prescriptions.

5. Document a clinical encounter in the patient record

- Filter, organize, and prioritize information.
- Synthesize information into a cogent narrative.
- Record a problem list, working and differential diagnosis and plan.
- Choose the information that requires emphasis in the documentation based on its purpose (e.g., Emergency Department visit, clinic visit, admission History and Physical Examination).

- Comply with requirements and regulations regarding documentation in the medical record.
- Verify the authenticity and origin of the information recorded in the documentation (e.g., avoids blind copying and pasting).
- Record documentation so that it is timely and legible.
- Accurately document the reasoning supporting the decision making in the clinical encounter for any reader (e.g., consultants, other health care professionals, patients and families, auditors).
- Document patient preferences to allow their incorporation into clinical decision making.

6. Provide an oral presentation of a clinical encounter

- Present information that has been personally gathered or verified, acknowledging any areas of uncertainty.
- Provide an accurate, concise, and well-organized oral presentation.
- Adjust the oral presentation to meet the needs of the receiver of the information.
- Assure closed-loop communication between the presenter and receiver of the information to ensure that both parties have a shared understanding of the patient's condition and needs.

7. Form clinical questions and retrieve evidence to advance patient care

- Develop a well-formed, focused, pertinent clinical question based on clinical scenarios or real-time patient care.
- Demonstrate basic awareness and early skills in appraisal of both the sources and content of medical information using accepted criteria.
- Identify and demonstrate the use of information technology to access accurate and reliable online medical information.
- Demonstrate basic awareness and early skills in assessing applicability/ generalizability of evidence and published studies to specific patients.
- Demonstrate curiosity, objectivity, and the use of scientific reasoning in acquisition of knowledge and application to patient care.
- Apply the primary findings of one's information search to an individual patient or panel of patients.
- Communicate one's findings to the health care team (including the patient/family).
- Close the loop through reflection on the process and the outcome for the patient.

8. Give or receive a patient handover to transition care responsibility

- Conduct handover communication that minimizes known threats to transitions of care (e.g., by ensuring you engage the listener, avoiding distractions).
- Document—and update—an electronic handover tool.
- Follow a structured handover template for verbal communication.
- Provide succinct verbal communication that conveys, at a minimum, illness severity, situation awareness, action planning, and contingency planning.
- Elicit feedback about the most recent handover communication when assuming primary responsibility of the patients.
- Demonstrate respect for patient privacy and confidentiality.
- Provide feedback to transmitter to ensure informational needs are met.
- Ask clarifying questions.
- Repeat back to ensure closed-loop communication.
- Ensure that the health care team (including patient/family) knows that the transition of responsibility has occurred.
- Assume full responsibility for required care during one's entire care encounter.
- Demonstrate respect for patient privacy and confidentiality.

9. Collaborate as a member of an interprofessional team

- Identify team members' roles and the responsibilities associated with each role.
- Establish and maintain a climate of mutual respect, dignity, integrity, and trust.

- Communicate with respect for and appreciation of team members and include them in all relevant information exchange.
- Use attentive listening skills when communicating with team members.
- Adjust communication content and style to align with team-member communication needs.
- Understand one's own roles and personal limits as an individual provider and seek help from the other members of the team to optimize health care delivery.
- Help team members in need.
- Prioritize team needs over personal needs in order to optimize delivery of care.

10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management

- Recognize normal vital signs and variations that might be expected based on patient- and disease-specific factors.
- Recognize severity of a patient's illness and indications for escalating care.
- Identify potential underlying etiologies of the patient's decompensation.
- Apply basic and advanced life support as indicated.
- Start initial care plan for the decompensating patient.
- Engage team members required for immediate response, continued decision making, and necessary follow-up to optimize patient outcomes.
- Understand how to initiate a code response and participate as a team member.
- Communicate the situation to responding team members.
- Document patient assessments and necessary interventions in the medical record.
- Update family members to explain patient's status and escalation-of-care plans.
- Clarify patient's goals of care upon recognition of deterioration (e.g., DNR, DNI, comfort care).

11. Obtain informed consent for tests and/or procedures

- Describes the indications, risks, benefits, alternatives, and potential complications of the procedure.
- Communicates with the patient/family and ensures their understanding of the indications, risks, benefits, alternatives, and potential complications.
- Creates a context that encourages the patient/family to ask questions.
- Enlists interpretive services when necessary.
- Documents the discussion and the informed consent appropriately in the health record.
- Displays an appropriate balance of confidence with knowledge and skills that puts patients and families at ease.
- Understands personal limitations and seeks help when needed.

12. Perform general procedures of a physician

- Demonstrate the technical (motor) skills required for the procedure.
- Understand and explain the anatomy, physiology, indications, risks, contraindications, benefits, alternatives, and potential complications of the procedure.
- Communicate with the patient/family to ensure pre- and post-procedure explanation and instructions.
- Manage post-procedure complications.
- Demonstrate confidence that puts patients and families at ease.

13. Identify system failures and contribute to a culture of safety and improvement

- Understand systems and their vulnerabilities.
- Identify actual and potential ("near miss") errors in care.
- "Speak up" in the face of real or potential errors.
- Use system mechanisms for reporting errors (e.g., event reporting systems, chain of command policies).
- Recognize the use of "workarounds" as an opportunity to improve the system.
- Participate in system improvement activities in the context of rotations or learning experiences (e.g., rapid-cycle change using plan-do-study-act cycles; root cause analyses; morbidity and mortality conferences; failure modes and effects analyses; improvement projects).

- Engage in daily safety habits (e.g., universal precautions, hand washing, time-outs).
- Admit one's own errors, reflect on one's contribution, and develop an improvement plan.

Policies and Procedures

The University of Florida Honor Code:

"We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity."

Communication

Email is the predominant source of communication regarding updates in the clerkship. It is expected you will check your email daily. Email is also the primary means of communicating with us. Our department is committed to an excellent student experience and we believe good communication is the principle foundation to achieving this goal.

Reporting Problems

Problems with your senior, an attending, intern, or a general concern should be reported to Dr. Genie Beasley as soon as possible. The Sub-internship should be a great experience and all concerns will be addressed appropriately.

Attendance

Attendance is required at all Sub-internship activities. In the fourth year clinical Sub-internships and electives, daily attendance is required for all aspects of the clinical rotations. During clinical rotations, typical "holidays" are not taken unless specifically mentioned by the Sub-internship (Christmas and Thanksgiving are exempt from this rule). If you have any unexpected or planned absences, you **MUST** notify those faculty members who supervise your clinical experiences and the Pediatric Medical Education Office. The official COM policy can be viewed at:

<http://medinfo.ufl.edu:8050/year1/secure/ufcom-policy-student-evalations.pdf>.

In the event of an absence, you will be required to make up the time missed in order to ensure adequate clinical experience. This may require an extra call or weekend experience. Failure to adhere to these policies and procedures will result in a lowered professionalism competency score. Missed days that cannot be completed before Sub-internship end date result in a grade of "Incomplete".

Unplanned Absences

In the event of a single-day, unexpected absence due to illness, you **MUST** notify the Pediatric Medical Education office preferably by email (meghanlopez@peds.ufl.edu) but also by phone (352) 273-8234 as soon as physically possible. You must also make contact with both the Sub-internship Director and your senior. Text pages, email, phone call, all forms of communication are acceptable. If you do not communicate with the office regarding your absence and Dr. Beasley cannot reach you, she will notify the office of Medical Education and Dr. Novak that we have been unable to contact you and a search for you will be initiated.

Planned Absences

Students must contact the Sub-internship Director as far in advance as possible (these requests **must** be made at least **4 weeks** prior to the beginning of the Sub-internship) to discuss and obtain permission to be absent from assigned responsibilities in the case of planned meetings, events such as weddings or family gatherings, or the observation of a personal religious holiday.

Holidays

Students are allotted the following holidays: Thanksgiving, Summer Break, and Winter Break. Thanksgiving is defined as beginning 7pm Wednesday and ending 5am Monday. Summer and Winter Break are determined by the UF COM Academic Calendar. The COM recognizes other holidays, both religious and secular, which are of

importance to some individuals and groups. Students wishing to observe these holidays must inform the Pediatric Medical Education office before Sub-internship begins. In the event of such request, an alternate assignment or arrangement may be provided to the student to ensure adequate clinical experience.

Pediatric Sub-Internship Experience

The Sub-internship is a four week experience at a location of your choice within the following five settings:

- ❖ **Orange Team:** General Pediatrics, Endocrinology, Gastroenterology
- ❖ **Blue Team:** General Pediatrics, Pulmonary, Nephrology
- ❖ **Green Team:** Hematology, Oncology, Rheumatology, ID
- ❖ **NICU Team:** Neonatal Intensive Care Unit

Day Shifts (4 Weeks)

Your experience includes four weeks of day shifts with check-in at 6AM, conferences during your shift, and check-out at 6PM. Confirm these check-in and check-out times with your senior resident, as it may vary from this general time frame given. You will each carry 4-6 patients depending on service census. As a sub-intern, you report directly to the PL3—not the intern! Each student will stay for short call with their senior resident. This is usually 1-2 times per week.

Student Activities

- ❖ Discussion Sessions with Dr. Beasley (dates TBA)
- ❖ Written H&P
- ❖ Educational Lecture to MS3s

Didactic Lectures

Like all residents, attendance at the following lectures is required:

- ❖ Morning Reports (Daily in Summer at 8AM in 4433, otherwise MTF) *Optional for NICU sub-I*
- ❖ Pediatric Fellows & Faculty Conference (W at 8AM in 4433 – **not held in Summer**)
- ❖ Grand Rounds (R at 8AM in C1-4 – **not held in Summer**)
- ❖ Core Lectures (T at 12PM, in C1-15)

Performance Criteria

All faculty and residents submit EPA-based summative evaluations of students with whom they worked with sufficiently. These evaluations count for the majority of your final grade. Written formative feedback is provided at the end of week two via a student self-assessment form.

Final Grade Composition

Summative Evaluations + MS3 Lecture + Participation in weekly discussions = Final Grade

Discussion Sessions with Dr. Beasley

All pediatric sub-interns are required to meet **weekly with Dr. Beasley** unless noted otherwise. These sessions will last about an hour. If a situation arises where you are taking care of an urgent or important patient care issue, please stay with the patient. You can notify Dr. Beasley later.

Week One: Sub-I Primer and Overview

- Sub-I Primer
- Review of duties, expectations

Homework: Work on H&P and have this ready to bring to our second meeting, obtain Formative Feedback during week #2

Week Two: Written and Oral Communication

- 20-minute paired discussions of H&Ps
- Group discussion

Week Three: Being an Educator

- Group Discussion

Homework: Prepare 10-minute education talk for next week's session

Week Four: Educational Talk & Sub-Internship Wrap-Up

- Presentation to MS3, details TBA: 10-minute presentation of a topic of interest
- Tying up loose ends of the sub-internship

10 Ways to Succeed in Pediatrics

1. Never be shy about asking questions
2. Recognize what you already know and share this knowledge with the third years.
3. Be confident during presentations
4. ALWAYS be on time
5. Make an appointment to meet with our residency program director—she wants to meet you too!
6. Think about which faculty you'd like a letter of recommendation from and make an appointment to meet
7. Ask to do procedures...from nurses too
8. Read about your patients
9. Each patient needs a note, but your senior writes one too.
10. Learn lots but have fun too!

Disaster Guidelines

EMERGENCY/DISASTER PREPAREDNESS: UF has a system wide alert system, and students should review/update their cell phone information through myUFL system. Students will automatically receive notifications about any emergencies on UF campus, but should also select to receive alerts from UF Health Shands Hospital in Gainesville. Additionally, emergency and disaster plans at the University of Florida-

Gainesville, University of Florida-Jacksonville, UF Health Shands Hospital and at the VA Medical Center are available through the following sites.

- UF Emergency Management site: <https://emergency.ufl.edu/emergency-management-plans/>
- UF Health Shands Hospital: <https://bridge.ufhealth.org/shands-emergency-operations-plan/>

Specific instructions in case of emergency or disaster will be emailed to you and will vary per situation and your location.

Roles & Responsibilities of the Pediatric Sub-Intern

1. Students are an integral part of the healthcare team. This team includes a general attending, senior residents and two or three interns. Students will participate fully in the team's activities including patient admission work-ups, rounds, and team and ward conferences. Morning report begins promptly at 8am and is immediately followed by work rounds. Work rounds will be done daily with the attending and are accomplished in the form of family centered rounds. Please discuss with your families the timing of rounds and ask their permission for the team to come in to discuss their care when you see them in the morning. General attending teaching rounds are held with the students 2-3 times per week and are scheduled individually by each attending.
2. Attend resident lectures including morning reports, grand rounds, and Tuesday lectures.
3. Expect to carry at least 4-6 patients depending on complexity.
4. The call responsibilities will be 1-2 short calls per week with your senior resident. Each student is to write progress notes on his/her patients daily.
5. Complete a self-assessment with a resident/attending by the end of week two.
6. Pediatric admissions are generally assigned to residents and students on a rotating basis. If there are more admissions on a particular night than one student can handle, the additional patients may be assigned the following morning to the other residents on the ward team. Students are expected to follow a minimum of 4-6 patients concurrently.
7. Monitor progress by soliciting verbal feedback with a senior resident or attending by the end of week 2.
8. Participate in the care of pediatric patients to the fullest extent possible. Assist and perform procedures under the supervision of the pediatric housestaff or an attending.

Roles & Responsibilities of the General Attending

1. The General Attending shall meet with the students two weeks into their rotation for a review of their progress and performance.
2. The General Attending will conduct Patient and Family Centered Rounds. You will be expected to present your patients during these rounds.

Student and Course Evaluations

- ❖ **Course:** All students are expected evaluate their Sub-Internship in New Innovations. These evaluations are vital to the success of the clerkship by ensuring adequate levels of teaching. This feedback is also helpful in resident/faculty evaluations and award nominations.

Pediatric Resources

Recommended Overviews

- ❖ *Pediatrics: A Primary Care Approach* by Burkowitz
- ❖ *Essentials of Pediatrics (Baby Nelson)* by Behrman and Kliegman
- ❖ *Blueprints Pediatrics* by Maring and Fine

“First Source” Reference Texts

- ❖ *Nelson Textbook of Pediatrics* by Behrman and Vaughn
- ❖ *Pediatrics* by Rudolph and Hoffman
- ❖ *Pediatrics* by Oski

Condensed Reference Texts

- ❖ *Pediatrics* by Wood, Hudak, Modlin, Fosarelli, and Lake
- ❖ *Pocket Oski*
- ❖ *Synopsis of Pediatrics* by Hughes and Griffeth
- ❖ *Rapid Access Pediatrics* by Loren Walensky
- ❖ *Pediatrics* by Ziai
- ❖ *Current Pediatric Diagnosis and Treatment* by Kemp, Silver, O’Brien, and Fulginitti
- ❖ *Pediatrics* by Silver, Kempe, Bruyen, Fulginitti (pocket version of Hugh & Griffeth’s *Synopsis*)
- ❖ *The Harriett Lane Handbook* by Johns Hopkins (less comprehensive, good review)
- ❖ *Pediatric Clerkship Guide* by Woodhead
- ❖ *Netter’s Pediatrics* by Florin, Ludwig, Aronson & Werner
- ❖ *Illustrated Textbook of Pediatrics* by Craft, Lissauer, and Clayden
- ❖ *Rudolph’s Pediatrics* by Rudolph et al.

Internet Resources

- ❖ American Academy of Pediatrics – <http://www.aap.org>
- ❖ PubMed – <http://www.ncbi.nlm.nih.gov>
- ❖ UF Peds – <http://www.peds.ufl.edu>
- ❖ Aquifer Pediatrics – <http://www.aquifer.org>

*****FOR REFERENCE ONLY, ALL EVALS WILL BE COMPLETED IN NEW INNOVATIONS*****

Pediatrics Medical Student **Summative** Evaluation of EPAs

1. Gather a history and perform a physical examination

Needs Improvement	Satisfactory	Exceeds expectations	Unable to appropriately assess this competency
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2. Prioritize a differential diagnosis following a clinical encounter

Needs Improvement	Satisfactory	Exceeds expectations	Unable to appropriately assess this competency
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3. Recommend and interpret common diagnostic and screening tests

Needs Improvement	Satisfactory	Exceeds expectations	Unable to appropriately assess this competency
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4. Enter and discuss orders and prescriptions

Needs Improvement	Satisfactory	Exceeds expectations	Unable to appropriately assess this competency
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5. Document a clinical encounter in the patient record

Needs Improvement	Satisfactory	Exceeds expectations	Unable to appropriately assess this competency
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6. Provide an oral presentation of a clinical encounter

Needs Improvement	Satisfactory	Exceeds expectations	Unable to appropriately assess this competency
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7. Form clinical questions and retrieve evidence to advance patient care

Needs Improvement	Satisfactory	Exceeds expectations	Unable to appropriately assess this competency
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8. Give or receive a patient handover to transition care responsibility

Needs Improvement	Satisfactory	Exceeds expectations	Unable to appropriately assess this competency
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9. Collaborate as a member of an interprofessional team

Needs Improvement	Satisfactory	Exceeds expectations	Unable to appropriately assess this competency
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10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management

Needs Improvement	Satisfactory	Exceeds expectations	Unable to appropriately assess this competency
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11. Obtain informed consent for tests and/or procedures

Needs Improvement	Satisfactory	Exceeds expectations	Unable to appropriately assess this competency
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12. Perform general procedures of a physician

Needs Improvement	Satisfactory	Exceeds expectations	Unable to appropriately assess this competency
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13. Identify system failures and contribute to a culture of safety and improvement

Needs Improvement	Satisfactory	Exceeds expectations	Unable to appropriately assess this competency
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OVERALL COMMENTS