

**Saint John Regional Hospital**  
**Learning Portfolio**  
**MED III Emergency Medicine Rotation**

***Name:***

***Date submitted:***

## Learning goals

Please outline five learning goals for your Emergency Medicine rotation. These are your personal learning goals that need not coincide with the goals and objectives outlined in the Orientation Manual. You should consider your goals in the context of your current stage of training and your future choice of specialty. Ask yourself what you hope to take away from this rotation and retain 2 years from now.

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## **Case log**

During your shifts you will log your patient encounters on the End-of-Shift evaluation form. It would be useful for you to keep a copy of your completed evaluation forms both for your case log and for consideration as you prepare your self-evaluation and reflections.

A log of your patient encounters is required as part of your learning portfolio. This way you can track your procedures and experiences with cardinal patient presentations during your rotation.

## **End-of-Shift Reflections**

After each shift you should take 10-15 minutes to reflect on your key learning points. At minimum, write your answers to the following questions in paragraph format. You may add anything that you wish.

1. What was the most important thing I learned during this shift? Key points might be medical (e.g. differential diagnosis of chest pain), procedural (e.g. how to do an arterial blood gas), ethical (e.g. determination of capacity to consent) or behavioral (e.g. communication with a difficult patient).
2. Consider the key learning points in the context of your future career. How might this learning be of use to you as a medical student? As a resident? As a practicing physician?
3. Discuss at least one knowledge deficit you noticed during your shift. What will you do to address this gap?
4. Discuss at least one thing that surprised you on this shift. This might be patient-related, staff-related or personal.

## Self Evaluation

Complete the following self-evaluation by circling the appropriate description for each competency. The same guidelines are used by site coordinators for completion of your In-Training Evaluation Report (ITER). Be prepared to discuss your self-evaluation with your site coordinator. Your self-assessment skills will be evaluated on your ITER.

Competencies	Expectations			
	Fails to meet	Partially meets	Meets	Exceeds
<b>Medical history</b>	Frequently has trouble obtaining a directed history, resulting in inappropriate patient delay and/or inability to arrive at an accurate problem list. Fails to improve over the rotation.	Sometimes has trouble obtaining a directed history. Sometimes gets lost in irrelevant details and misses relevant information. Shows improvement over the rotation.	Obtains and presents an accurate history but takes a little longer to elicit the information (>10 minutes). Rarely misses relevant information.	Consistently obtains an accurate directed history. Concise patient presentations. Does not miss relevant clinical information.
<b>Physical examination</b>	Frequently has trouble performing a directed examination, resulting in inappropriate patient delay and/or inability to arrive at an accurate problem list. Fails to improve over the rotation.	Sometimes has trouble performing a directed examination. Sometimes fails to perform important aspects of the examination. Shows improvement over the rotation.	Performs an appropriate examination but takes a little longer (>10 minutes). Reported physical findings are reproducible and relevant findings are rarely missed.	Consistently performs an appropriate and reproducible physical examination. Does not miss relevant findings.

<b>Diagnostic tests</b>	Often has difficulty formulating a plan of investigation. Fails to show improvement during the rotation.	Sometimes has trouble arriving at an appropriate plan of investigation. Has difficulty interpreting test results.	Usually able to form an appropriate plan for investigation. Sometimes errs on the side of over-investigation but doesn't cut corners that would be unsafe for the patient.	Consistently exhibits common sense regarding appropriate investigations. Consistently able to interpret test results in the context of the patient's problem.
<b>Clinical diagnosis/ decision-making</b>	Often has difficulty reaching a provisional diagnosis and generating an appropriate differential diagnosis for cardinal presentations. Fails to improve during the rotation.	Sometimes arrives at an appropriate working diagnosis but often gets lost in the details and has trouble putting it all together. Shows improvement over the rotation.	Usually arrives at an appropriate working diagnosis. Sometimes omits important diagnoses from the differential but doesn't repeat these omissions subsequently.	Rarely omits important diagnosis from the differential. Consistently arrives at an appropriate working diagnosis.
<b>Emergency management</b>	Doesn't seem to recognize threats to life in a timely fashion. Doesn't appreciate the degree of severity of patients' presenting complaints.	Often seems unsure of the degree of severity of the complaint but never actually suggests that it might be something dangerous.	Recognizes acutely ill or "sick" patients immediately. Responds appropriately and asks for help.	N/A
<b>Clinical knowledge</b>	Has frequent gaps in basic medical knowledge which are still evident at the end of the rotation.	Has some gaps in clinical knowledge but responds to feedback, eliminating deficiencies over the rotation.	Has sound foundation of clinical knowledge with gaps in advanced areas (e.g. treatment) that are acceptable for this level of training.	Has an excellent foundation of clinical knowledge that is evident in practice and exceeds that of peers at the same level of training.

<b>Technical or procedural skills</b>	Makes little attempt to master the required skills. Needs constant helps when performing procedures or performs above his/her ability in a dangerous manner or unsupervised setting.	Has some manual dexterity. Able to complete tasks with close supervision.	Has good manual dexterity. Performs skills with less and less supervision as the rotation progressed. Works safely, recognizing own limitations.	Excellent manual dexterity. Able to work autonomously after being shown how the procedure should be done.
<b>Communication with patients</b>	Treats patients and their families poorly. Shows little respect. Does not appear to improve during the rotation.	Some difficulty communicating effectively with patients but responds to feedback and shows improvement during the rotation.	Conveys interest and concern for patients and their families. Establishes rapport. Shows compassion and empathy.	Consistently extends him or herself to keep the patient and family informed throughout their time in the ED. Consistently communicates at a level appropriate to the patient.
<b>Communication with staff</b>	Difficulty relating clinical information in a meaningful way. Fails to improve during the rotation.	Sometimes has difficulty relating clinical information but improves with guidance.	Presents clinical information clearly and accurately. Occasionally requires prompting for clarifications.	Consistently presents clinical information succinctly, delineating and summarizing relevant issues.
<b>Charting</b>	Charts are often completed but are difficult to read or understand. Several reminders are needed to fill in omissions. Sometimes contains erroneous information.	Charts are completed and legible but often include irrelevant information. Amendments and additions are often required.	Usually completes charts in a legible and timely fashion. Sometimes requires prompting to fill in omissions but responds immediately to corrections and doesn't repeat the same omissions.	Consistently completes charts legibly in an organized and timely fashion. Fills in signatures, times seen and diagnosis without prompting. Records pertinent positives and negatives, and discharge instructions.

<b>Collaborator</b>	Major difficulties in interpersonal interactions with various ED staff. Unable to maintain a positive working atmosphere.	Some interpersonal difficulties with particular ED staff.	Usually work well and communicates effectively with ED staff.	Consistently works well with others. Actively creates a positive atmosphere in interactions with staff.
<b>Self-directed learning (demonstrated through behaviors and through the learning portfolio)</b>	Shows little or no interest in obtaining new knowledge.	Sometimes seeks new knowledge by making use of recommended resources. Difficulty accessing new resources. Sometimes unable to find answers	Often makes use of recommended resources. Usually able to answer questions.	Consistently asks questions and seeks answers. Efficiently uses available resources and sometimes goes beyond recommended resources to enhance knowledge.
<b>Motivation/enthusiasm for learning (demonstrated through behaviors and through the learning portfolio)</b>	Neutral or negative attitude toward learning and the rotation in general. Missed at least one shift <i>without</i> excuse.	Neutral and sometimes positive attitude towards the rotation. Generally seems to want to learn..	Usually enthusiastic and eager to learn. Asks appropriate questions and exhibits an overall positive attitude toward the rotation.	Always enthusiastic and eager to learn Emergency Medicine. Is punctual and present for the full duration of every shift (unless excused). Gives general impression that he or she wants to be there to get as much out of it as possible.
<b>Health advocacy</b>	Does not recognize the importance of bedside advocacy. Fails to take advantage of advocacy opportunities.	Sometimes identifies risk factors in patients and takes appropriate steps (e.g. smoking cessation counseling).	Usually acknowledges the determinants of health and recognizes opportunities for preventative care in the ED.	Understands the role of preventative care in EM and actively seeks opportunities to provide this care in the ED.