Development of an Assessment Tool for Surgeons in Their First Year of Independent Practice: The Junior Surgeon Performance Assessment Tool

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OBJECTIVE: The purpose of this study was to create an assessment tool to evaluate newly practicing surgeons.

DESIGN: In this prospective mixed methods study, a needs assessment was performed by conducting focus groups with practicing general surgeons, asking questions regarding essential surgeon qualities, behaviors observed in inexperienced surgeons, current assessment methods, and desired assessment tool elements and attributes. A qualitative analysis was performed using a grounded theory methodology. The Junior Surgeon Performance Assessment Tool (JSPAT) was created using a 4-point scale for each category developed, with themes identified in the qualitative analysis used to create behavioral anchors. The JSPAT was evaluated by focus group participants and by members of the American College of Surgeons Advisory Council for Rural Surgery using an online survey.

SETTING: Rural and nonuniversity-based hospitals throughout the state of Oregon.

PARTICIPANTS: Practicing general surgeons.

RESULTS: Focus groups consisted of 31 surgeons (mean age 49, mean experience 17 years) from 11 different hospitals. Qualitative analysis revealed 91 different themes, which were grouped into 5 domains (technical skills, interaction with patients, interaction with surgeon colleagues, interactions with the greater medical community, and self-care) to create the assessment tool. Twenty online survey responses providing feedback on the assessment tool were obtained, with 75% rating the JSPAT useful or very useful and 69% satisfied or very satisfied with the time to complete the tool.

CONCLUSIONS: A mixed-methods model was used to create an assessment tool for surgeons in their first year of independent practice. Survey data demonstrated that practicing surgeons find value in the JSPAT. (J Surg Ed 76:e199–e208. © 2019 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: competency, assessment tool, new-graduate, general surgery, feedback

COMPETENCIES: Patient Care, Interpersonal and Communication Skills, Practice-Based Learning and Improvement

INTRODUCTION

Surveys of general surgery chief residents, fellowship program directors, and practicing American College of Surgeons (ACS) members have demonstrated that general surgery residents may lack confidence and adequate training upon graduation.[1-5] However, a comprehensive assessment tool to evaluate their performance is lacking. Many assessment tools have been developed for residents to assess technical and operative performance during residency. Previously published tools that assess technical skills and/or autonomy include the Objective Structured Assessment of Technical Skills,[6] Operative Performance Rating System,[7] Surgical Procedure Feedback Rubric,[8] the Operative Entrustability Assessment,[9] OpTrust,[10] and the System for Improving and Measuring Procedural Learning,[11] among others. Examples of nontechnical skill evaluation include the Patient Assessment and Management and Examination,[12] Ottawa Clinic

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Assessment tool,[13] Nontechnical Skills for Surgeons.[14] However, these assessment tools are not comprehensive, and the rating scales are not tailored to surgeons practicing independently. The Accreditation Council for Graduate Medical Education Milestones evaluation framework is comprehensive, incorporating each of the 6 competencies (Patient Care, Medical Knowledge, Professionalism, Systems-based Practice, Interpersonal & Communication Skills, and Practice-based Learning & Improvement),[15] but the competencies and rating scales were developed specifically for surgery residents and may not adequately evaluate independently practicing surgeons.

Some academic and community medical centers, such as Houston Methodist Hospital, US Armed Forces Hospitals, Geisinger Health System, Gunderson Health System, and the Kaiser Permanente Hospital System have formal mentoring programs for young surgeons, but none use comprehensive standardized assessments.[16,17] Through feedback obtained during the joint ACS and Accreditation Council for Graduate Medical Education National Invitational Conference, the Transition to Practice program, now known as the Mastery in General Surgery program (MiGS), was created to help address issues with oversight of surgeons who wanted or needed more support after completion of general surgery residency.[17] When creating the MiGS program, input was sought from the hospital systems as mentioned above that had established onboarding and mentorship programs.[17] However, implementation of MiGS is heterogeneous and structure of the program is largely left up to individual institutions to establish. No standardized assessment tool for MiGS fellows has been developed.

Rural and nonacademic metropolitan communities have been largely unrepresented in the literature discussing the quality and experience of graduating residents. This is of particular importance, given that the majority of jobs (73%) offered are in rural or nonacademic metropolitan settings, with only a minority of total jobs (35%) requiring fellowship training.[18] Additionally, a majority of MiGS sites are located in rural or nonacademic settings. Limited resources in rural communities present unique challenges in the mentoring, support, and assessment of inexperienced surgeons. Additionally, graduating residents may lack experience with procedures performed commonly in rural practice.[19]

Input from surgeons in the practice settings encompassing the majority of jobs is essential to development and implementation of an assessment tool that will meet the needs of the surgical community. The objective of this study was to create an assessment tool to evaluate surgeons in their first year of independent practice using a mixed-methods model, gathering input from surgeons in rural or nonacademic metropolitan hospitals through focus groups, and evaluating the assessment tool created using an online survey.

METHODS

Focus Groups

Practicing general surgeons in rural or nonuniversity-based settings were recruited via email to participate in a focus group. Inclusion criteria included being in practice for at least 1 year, being board-certified or board-eligible, having a current unrestricted Oregon Medical License, and having current hospital credentials to practice surgery.

Focus groups were carried out in-person or over the phone and were scheduled for 60 minutes. The 8 open-ended focus group questions included essential surgeon attributes, behaviors observed in inexperienced surgeons, current assessment tools utilized, elements and attributes desired in an assessment tool, and barriers to the use of an assessment tool (Fig. 1). Focus groups were audio recorded, then transcribed. Both surgeon and hospital demographics were collected. Surgeon demographics included sex, fellowship training, age, number of years in practice, and practice type (private practice or hospital employed). Hospital demographics included county population, rural-urban continuum codes based on United States Department of Agriculture (USDA) definitions,[20] critical access designation, and number of hospital beds.[21]

Qualitative Analysis and Creation of Assessment Tool

Transcripts were coded for themes by an inductive grounded theory methodology by 3 independent reviewers (KB, KD, and HH) and catalogued using NVivo software (QSR, Melbourne, Australia). Once all themes were agreed upon by consensus, the themes were then grouped into 5 domains: Technical skills, interactions with patients, interactions with surgeon colleagues, interactions with the greater medical community, and self-care. The Junior Surgeon Performance Assessment Tool (JSPAT) was created based on a 4-point scale with critical deficiencies, below expectations, meets expectations, exceeds expectations for each of 7 categories (technical skills, guidance and autonomy, decision-making and judgment, communication with patients, interactions with surgeon colleagues, communication with the medical community, practice management, and self-care) which were grouped under the 5 domains previously mentioned (Appendix A). Specific themes identified in qualitative analysis were used to create behavioral anchors underneath each option on the 4-point scale for each category.

Survey Data

A draft of the assessment tool and associated instructions were sent to the focus group participants as well as the ACS Advisory Council for Rural Surgery via email along with a short online survey to solicit feedback. The online

Focus Group Survey Questions

1) What qualities are essential for a surgeon in your practice?
   a. What are the MOST important qualities?
   b. What are the LEAST important qualities?
   c. What qualities other than technical skill are the most important?

2) Discuss qualities that you observed in young surgeons in their first few years of practice
   a. Describe weakness observed in young surgeons.
   b. Describe strengths observed in young surgeons.

3) What oversight do you think is appropriate for surgeons in their first year of practice?
   a. How would that oversight change over time?

4) How do you (or your institution or group) assess the performance of a surgeon in their first year of practice?
   a. How do you determine that they are ready to practice independently? (do you use a time-based model or some other method?)
   b. What assessment do you do of skills other than technical skills?

5) What things do you think would be the most important to include in a first-year performance assessment tool?

6) How would a standardized performance assessment help you and your group?

7) What barriers do you see in utilizing a standardized assessment tool to evaluate new graduates in your practice setting?

8) What type of training do you think would have been helpful for new surgeons prior to starting their first year of practice?

FIGURE 1. Focus group questions.

survey consisted of 5-point Likert questions assessing the overall usefulness of the JSPAT, time to complete the tool, clarity of behavioral anchors and instructions, as well as whether the assessment tool adequately assessed the following 7 categories: technical skills, guidance and autonomy, medical decision-making, communication with patients, interactions with surgeon colleagues, communication with the greater medical community, practice management, and self-care. The online survey also contained 3 free text boxes for respondents to make general comments as well as list the positive aspects and suggestions for changes to the JSPAT. Feedback from respondents regarding areas to change/improve was utilized in modifying the instructions and behavioral anchors of the JSPAT.

IRB

This study protocol was approved by the OHSU Institutional Review Board, IRB# 16295

RESULTS

Focus Groups

Thirty-one surgeons across 11 hospitals participated in 1 of the 12 focus groups conducted over a 5-month timeframe. Ten of the practicing surgeons were female, while 21 were male. The average surgeon's age was 49 (range 30-73) with an average of 17 years in practice (range 1-40). The majority (71%) of the surgeons were hospital employed, while 29% were in private practice. Six surgeons completed fellowship training (3 colorectal, 1 surgical oncology, 1 minimally invasive surgery, and 1 surgical critical care).

Focus group participants practiced at 5 rural hospitals and 6 nonuniversity-based hospitals in metropolitan areas. Hospital bed number varied between 25 beds and 552 beds, with county population ranging from 7158 to 790,294. A more detailed description of the focus group demographics is published in Hoops et al. 2018.[21]

Qualitative Analysis and Creation of Assessment Tool

Qualitative analysis revealed 91 separate themes agreed upon by consensus. Common themes related to essential qualities included both technical and nontechnical skills. Technical skills focused on breadth of surgical skills, open surgical skills, and specific skills needed for a particular practice environment (e.g., endoscopy, trauma, and thoracoscopy). Another essential attribute acknowledged was independence yet knowing personal limits and when to ask for help. Essential nontechnical skills

included interpersonal skills, judgment, teamwork, and work ethic.

Common themes related to behaviors of young surgeons included confidence issues (underconfident or overconfident), technical skills, knowing limits or when to ask for help, inexperience, autonomy, medical knowledge, and judgment. Perceived confidence was closely linked to knowing limits and asking for help. Junior surgeons who asked for help too much were perceived as lacking confidence and even competence to take care of straightforward surgical problems. Surgeons who did not ask for help enough were perceived as dangerous and overconfident. Senior surgeons expected their junior partners to ask them for assistance and knew it was their duty to make themselves available.

Current assessment methods varied widely between institutions. Common themes related to current assessment methods used included quality of care, subjective evaluation from word of mouth, formal 360 evaluations, direct observation (proctoring), patient satisfaction, complaints from patients or staff, clinical judgment, interpersonal skills, and formal or informal mentorship arrangements. Some institutions had no formal assessment or feedback method, other than the hospital credentialing process or subjective evaluation following a 2- or 3-year practice probationary period unless there were formal complaints filed against a surgeon. On the other end of the spectrum, some institutions required formal feedback given to all surgeons every 6 months.

Essential elements or attributes to capture on an assessment tool included evaluation of interpersonal skills, technical skills, quality of care, confidence, and job satisfaction of the junior surgeon. Based on themes identified, the assessment tool should include evaluations from others (staff, referring providers, etc.), patient satisfaction scores, self-reflection from the junior surgeon and be used to deliver formative feedback.

Surgeons felt that a formal assessment tool may help provide more regular, comprehensive feedback to junior partners and improve communication among junior and senior partners. Additionally, utilization of an assessment tool may help identify problem behaviors or room for improvement earlier to help junior partners grow and stay in the practice, rather than be pushed out and repeat the same behaviors in a different practice.

Barriers identified in utilizing an assessment tool included time, the perceived value and accuracy of the tool, and the possibility that the tool will used for summative judgment rather than formative feedback.

Survey Data

Overall, 20 surgeons responded to the online survey; 11 surgeons from the ACS Advisory Council for Rural Surgery and 9 focus group participants. On a 5-point Likert scale, 75% of the total respondents rated the assessment tool useful or very useful (Fig. 2a). The majority of the survey respondents were satisfied or very satisfied with the clarity of the instructions (94%), clarity of behavioral anchors (88%), and the time required to complete the assessment tool (69%) (Fig. 2b). The majority of respondents agreed or strongly agreed that the tool adequately assessed categories of technical skills (88%), guidance and autonomy (88%), decision-making and judgment (94%), communication with patients (81%), interactions with surgeon colleagues (94%), communication with the medical community (88%), practice management (81%), and self-care (81%) (Fig. 2c).

DISCUSSION

Using a mixed-methods model, feedback from practicing general surgeons in rural and nonuniversity-based environments was utilized to develop the JSPAT, an assessment tool for surgeons in their first year of independent practice. Previously, no assessment tools existed that addressed both technical and nontechnical skills with scales of performance suitable for surgeons who have completed residency. Focus group participants highlighted the need for competency in many areas of practice, which led to the development of assessment for the categories of technical skills, guidance and autonomy, medical decision-making, communication skills with patients, interactions with surgeon colleagues, communication with the greater medical community, practice management, and self-care.

The JSPAT included categories not on other assessment tools designed for residents, including practice management and knowing when to ask for help. The majority of graduating general surgery residents have limited knowledge of practice management,[22,23] which is a broad category including clinic efficiency, administrative tasks, and medical coding. Focus group participants noticed room for improvement in practice management skills of new graduates and commented that practice management training in residency or as part of an onboarding program would help improve these skills. The importance of asking for help was a common theme among focus group participants and thus incorporated into the guidance and autonomy category of the assessment tool. Appropriately asking for help is not a skill that is practiced commonly in residency due to increased levels of supervision, and thus lacking on many existing intraoperative assessment tools.[6-8,11]

While the majority of the job opportunities for general surgeons exist in rural or nonuniversity-based practices,[18]

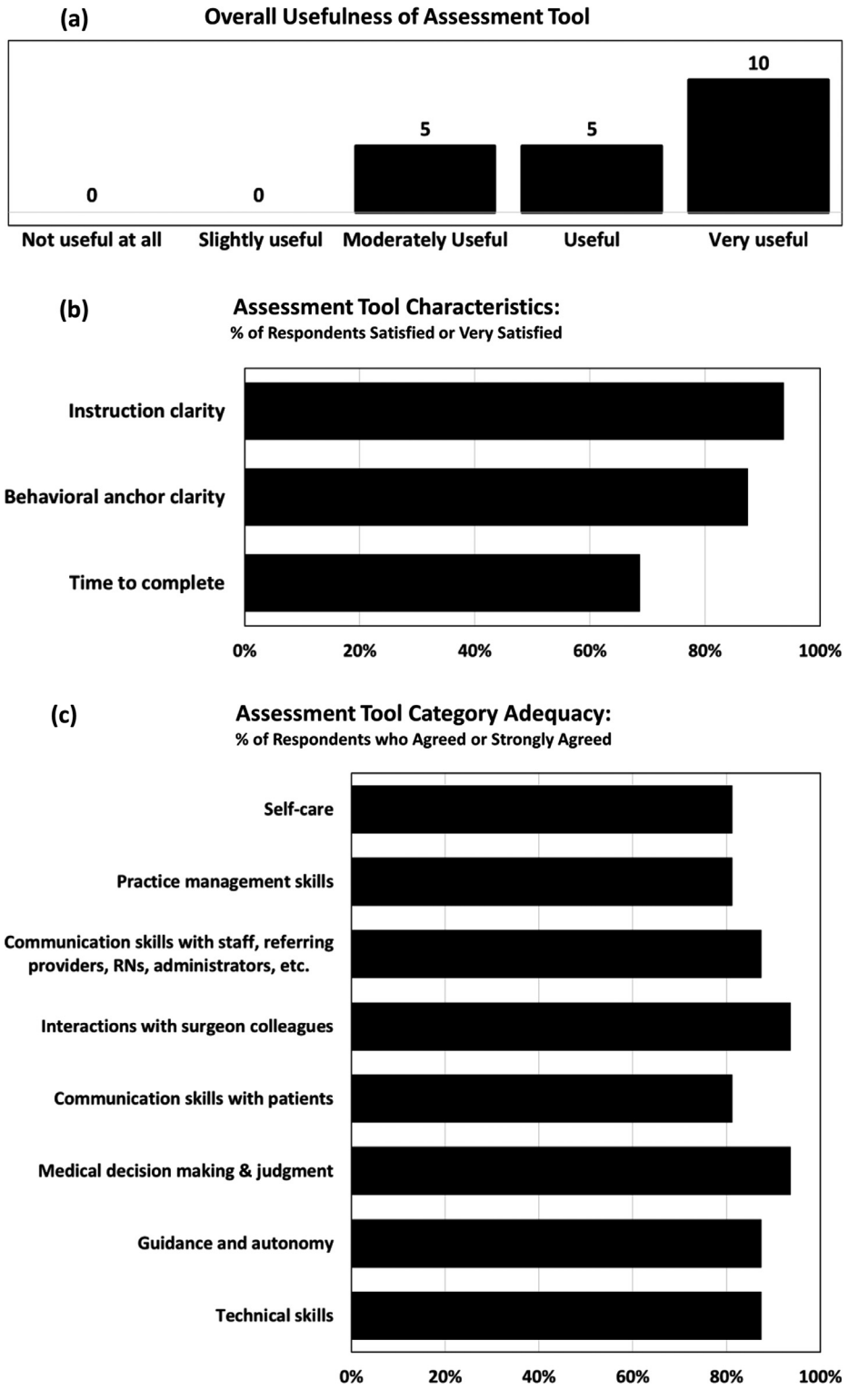

FIGURE 2. Combined assessment tool survey data from focus group participants and members of the American College of Surgery Advisory Council for Rural Surgery. (a) Reponses regarding the overall usefulness of the assessment tool for their practice based on a 5-point Likert scale from not useful at all to very useful. (b) Percentage of respondents who either satisfied or very satisfied with each assessment tool attribute on a 5-point Likert scale from very dissatisfied to very satisfied. (c) Percentage of respondents who either agreed or strongly agreed that the assessment tool adequately assessed each category on a 5-point Likert scale from strongly disagree to strongly agree.

the lack of surgeon hierarchy and focus on clinical efficiency present challenges in a new graduate receiving feedback and mentorship not present in other practice settings. Focus group data revealed the wide range of assessment methods utilized at each institution, which require any assessment tool created to be able to function as a free-standing document, but also to be used in conjunction with other data such as patient outcome data or 360-degree evaluations from hospital staff. One goal with creating the JSPAT was to supplement rather than replace data already collected and provide a framework for a more comprehensive discussion between a junior surgeon and their senior partner(s).

Focus group participants were concerned about the potential for an assessment tool to be used for summative retention decision-making rather than formative feedback to help the new surgeon grow and improve. While the JSPAT allows for selection of more summative feedback for each category by selecting critical deficiency, below expectations, meets expectations, or exceeds expectations for each category it also allows for more formative feedback by circling specific behaviors observed in the behavioral anchors listed as well as free-text comments. The assessment tool also allows for self-assessment from the junior partner, as well as development of an action plan for further development of the junior surgeon.

Overall, survey data from focus group participants, ACS Advisory Council for Rural Surgery, and new graduates showed a high level of satisfaction regarding the content included on the JSPAT and on the time to complete the assessment tool. Free-text comments demonstrated that respondents felt that the JSPAT was comprehensive and covered the essential areas of practice. Respondents felt that the behavioral anchors provided useful specificity to help make decisions between performance categories.

Limitations of this study include the focus group population who were all practicing surgeons in Oregon, which may not be representative of views of general surgeons in different regions of the United States or internationally. However, many of the surgeon participants practiced in other regions of the United States prior to their current practice. Focus groups were also subject to recall bias, as senior surgeons may only recall more negative behaviors. Additionally, there may be a survey response bias in this study.

The next step for evaluating the effectiveness of the JSPAT is to pilot the assessment tools on newly graduated surgeons and their senior partners. These authors attempted to be pilot the JSPAT on new general surgery graduates by soliciting email addresses from the APDS list serve. However, this pilot program was limited by poor response rate from email inquiry. Ninety-four email addresses were obtained with a response rate of 10%, but over half of the respondents were ineligible as they were currently in fellowship. Difficulty in recruitment of new graduates to the pilot program may highlight barriers such as time and lack of formal mentorship arrangements in utilizing the assessment tool and, more generally, in providing new surgeons feedback on their performance.

Senior partner buy-in is important to create time for feedback. The next pilot program will target senior surgeon contacts through hospital organizations, The ACS Mastery of General Surgery program and the ACS Advisory Council for Rural Surgery. The JSPAT is currently being piloted on associates within the ACS Mastery of General Surgery program.

While the JSPAT was developed using feedback from focus groups of practicing general surgeons, the themes encountered are not unique to general surgery and the assessment tool may be useful for new graduates in other surgical specialties. However, further work is needed to determine the applicability of the JSPAT for other specialties.

CONCLUSIONS

Using a mixed-methods model an assessment tool for surgeons in their first year of independent practice was developed. The JSPAT was well received by both practicing general surgeons reviewing the tool, as well as newly graduated surgeons who piloted the tool. Further work is needed to determine the value of the assessment tool and to reduce barriers to utilizing the tool in providing feedback and guidance to inexperienced surgeons.

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APPENDIX A: ASSESSMENT TOOL

Junior Surgeon Performance Assessment Tool

Self-Evaluation: Please list any specific areas in which you would like feedback.

Technical Skills: CHECK THE APPROPRIATE BOX based on level of experience.

This assessment was based on direct intraoperative observation: ☐ YES ☐ NO

Overall Technical Skills	Significant concerns ☐	Below expectations ☐	Meets expectations ☐	Exceeds expectations ☐
	Techniques compromise patient safety; minimal growth in skills over time; does not accept feedback; poor operative flow and/or case setup	Issues with tissue and/or instrument handling; growth below expected rate; unnecessary movements with frequent stalls in case progression; struggles with using assistants	Careful technique; minor issues with tissue or instrument handling; accepts feedback; growth rate appropriate for level; keeps case progressing forward; uses assistants effectively most of the time	Excellent technique; excellent tissue and instrument handling; effective preparation and case setup; efficient operative flow; uses assistants seamlessly; teaches OR staff
Guidance & Autonomy	Significant concerns ☐	Below expectations ☐	Meets expectations ☐	Exceeds expectations ☐
	Severe confidence issues (overconfidence or lack of confidence); unaware of limits of technical skill or resources; does not ask for help despite repeated feedback; risks patient safety	Consistent confidence issues (overconfidence or lack of confidence); unable to manage straightforward cases without guidance; sometimes asks for help appropriately	Occasional confidence issues (overconfidence or lack of confidence); able to manage straightforward cases without guidance; asks for help/guidance appropriately most of the time	Confidence appropriate for technical abilities; knows limits of technical skills and hospital resources; almost always asks for help appropriately

Is the surgeon able to handle the appropriate breadth of cases for this practice setting? ☐ YES ☐ NO

If NO, which areas need additional training/intervention?

List any areas of concern in regards to autonomy, knowing limits, or asking for help:

Interactions with Patients: CHECK THE APPROPRIATE BOX based on level of experience.

Judgment & Decision-Making	Significant concerns ☐	Below expectations ☐	Meets expectations ☐	Exceeds expectations ☐
	Consistent medical decision-making that compromises patient safety despite feedback; grossly inappropriate management of complications	Some inappropriate indications for operations; decisions not evidence-based; needs improvement managing complications; slightly higher number of complications than expected	Patient selection for operations supported by pre-operative workup; acceptable management of complications; number of complications at expected level	Pre-operative decision-making clear and evidence-based; effectively contextualizes co-morbidities in operative planning; seeks specialist consultation when appropriate; number of complications below expected levels
Communication Skills	Significant concerns ☐	Below expectations ☐	Meets expectations ☐	Exceeds expectations ☐
	Disrespectful to patients and their families; unethical behavior; frequent patient complaints	Indecisive in recommending treatment options; unclear communication; more patients seeking second opinions than expected; low patient satisfaction scores	Good rapport with patients; patients satisfied with care provided; demonstrates integrity; shows compassion, uses appropriate non-verbal communication	Numerous positive comments from patients; demonstrates extra effort to attend to emotional needs of patients and their families

List any areas of concern regarding medical decision making or communication with patients.

Interactions with Surgeon Colleagues: CHECK THE APPROPRIATE BOX.

Significant concerns ☐	Below expectations ☐	Meets expectations ☐	Exceeds expectations ☐
Consistently ineffective or absent sign-outs despite feedback; disrespectful to colleagues; lacks humility; consistently unreliable; productivity significantly below expectations	Sign-outs often missing key information; Ignores suggestions from colleagues; frequently unavailable or unwilling to assist colleagues; occasional trust issues in regards to care of colleagues' patients; productivity slightly below expectations; poor fit in the practice	Adequate communication during sign-outs; available to assist colleagues; positive attitude; typically humble and flexible; strong work-ethic; productivity at expected levels; trustworthy in the care for colleagues' patients; adequate fit in the practice	Very flexible; consistently humble; always willing and happy to assist colleagues; exceptional work-ethic; exceeds productivity goals; excellent fit in the practice

List areas of concern in regards to interactions with other surgeons in your practice setting.

Interactions with the Greater Medical Community: CHECK THE APPROPRIATE BOX.

	Significant concerns ☐	Below expectations ☐	Meets expectations ☐	Exceeds expectations ☐
Communication & Interpersonal Skills	Disrespectful to referring providers or staff; inappropriate or ineffective communication despite repeated feedback; unresponsive to feedback	Frequent ineffective communication with referring providers; unclear communications with staff; minimal or inadequate response to feedback	Adequate communication with referring providers; kind and respectful to staff; instructions to staff usually clear; receptive to feedback from care team; works well within a multidisciplinary team	Exceptional communication with referring providers and staff; collaborative and respectful to all staff; actively seeks input from care team
	Significant concerns ☐	Below expectations ☐	Meets expectations ☐	Exceeds expectations ☐
Practice Management	Fails to meet documentation deadlines despite repeated warnings; consistently unaware of resource limitations of practice setting	Clinic consistently behind schedule; ineffective delegation of duties to office staff; appears overwhelmed by medical documentation	Minor room for improvements in clinic workflow and office staff management; typically aware of resource limitations; medical documentation is adequate and timely with few exceptions	Manages practice at the level of an experienced surgeon; effectively manages staff and workflow; works within resource limitations; medical documentation exceeds facility and/or practice standards

List areas of concern regarding interactions with nurses, office staff, referring providers, etc.

Self-Care: CHECK THE APPROPRIATE BOX.

Significant concerns ☐	Below expectations ☐	Meets expectations ☐	Exceeds expectations ☐
Very frequently appears tired; stress consistently affecting patient care, physical health, and/or relationships with others	Often appears tired; clear symptoms of stress, burnout and/or depersonalization; few or no interests outside of work	At times appears tired or stressed but demonstrates coping strategies; has interests outside of work; makes time for family or interests outside of work	Energetic; demonstrates excellent coping strategies; no evidence of burnout; actively involved in the community

List areas of concern regarding coping strategies for stressors or work-life balance.

Action Plan: List any need for additional training or intervention to address areas of concern listed above.

Instructions:

Goals/intent of the assessment tool:

This tool was designed using extensive input from focus groups with practicing general surgeons regarding qualities and behaviors important in junior partners, as well as important aspects of surgical practice to include on an assessment tool.

The goals of this assessment tool are:

1) to provide formative feedback to junior partners regarding their performance in relation to expectations taking into account their level of experience; and
2) to identify areas of concern that need further action.

This tool is intended to be used to facilitate an in-person feedback session between senior and junior partners. Additionally, it is designed to be used in conjunction with other feedback or assessment tools such as direct intraoperative observation or proctoring, chart review, patient satisfaction surveys, complaints, patient safety inquiries, 360° evaluations, and subjective feedback from colleagues and staff. It is expected that results of these assessment and feedback tools at your institution would be utilized to complete this assessment tool.

Mechanics of completing the assessment tool:

The junior partner should complete the self-assessment portion of the form prior to completion of the remainder of the form by a senior partner. This form can be completed by the senior partner in the presence of the junior partner with concurrent verbal discussion or independently with subsequent in-person verbal discussion.

Please choose the ONE BEST ANSWER that reflects your junior partner's performance for each domain assessed in relation to expectations (significant concerns, below expectations, meets expectations, or exceeds expectations). For additional specificity of feedback, it is appropriate to circle behavioral statements that most closely match the performance of your junior partner IN ADDITION TO selecting the overall performance category in relation to expectations. Behavioral statements circled may be in a different category from the overall performance option selected See example below. Please list any areas of concern for each of the domains evaluated in the free text area provided.

EXAMPLE:

	Significant concerns ☐	Below expectations ☐	Meets expectations ☑	Exceeds expectations ☐
Communication Skills	Disrespectful to patients and their families; unethical behavior	Indecisive in recommending treatment options; unclear communication; frequent patient complaints; low patient satisfaction scores	Good rapport with patients; patients satisfied with care provided; demonstrates integrity; shows compassion, uses appropriate non-verbal communication	Numerous positive comments from patients; effective and clear communication with patients; attends to emotional needs of patients and their families

If any areas of significant concern are present in any of the domains, please write out a specific action plan to address these deficiencies.