

Q1. Fellow's Name?

Yaoli Yang

Q2.  
Date?

5/20/2019

Q3. Are you competent with chest tubes procedures? If not, how many do you plan to do to become competent?

I feel much more competent (have done 4 fairly independently) - would be able to do them overnight in emergent situations but would still hesitate to do them alone in non-emergent situations overnight or if the effusion is very small.

Q4. Are you competent in airway management? If not, how many procedures do you plan to do to become competent?

I think competence is a difficult word because I have witnessed some airways that are difficult even for trained anesthesia staff. Also, easy intubations do not offer the same amount of learning and training as difficult ones. I feel competent in doing "easy" intubations but I hope to do at least 20 "difficult" intubations by the end of fellowship

Q5. If you are a first year have you lead 5 family meetings? If you are a 2nd or 3rd year, have you lead at least 50% of the family meetings you have participated in?

- 1st year - Yes more than 5
- 1st year- No less than 5
- 2nd and 3rd year - Yes at least 50%
- 2nd and 3rd year - No less than 50%

Q6. Fellows teaching: By the end of your fellowship, will you have at least 3-4 talks that you have given during morning lectures?

- Yes
- No

Q7. Fellows teaching: If you are a 2nd or 3rd year fellow, have you given 1 or 2 talks during morning lectures?

- Yes
- No

Q8. If no, why not?

Not a 2nd or 3rd year fellow

Q9. Please rate your overall clinical performance

- Far exceeds expectations
- Exceeds expectations
- Equals expectations
- Short of expectations
- Far short of expectations

Q10. Please explain your response to the previous question

I self-evaluate after every call and after every time I lead morning rounds. Overall, patient care overnight have been good but based on patient clinical course and/or morning rounds the next day I do take note of every feedback. There are many learning points that have been gained this year through experience and I hope to continue to grow in the coming years.

Q11. Please rate you performance of general bronchoscopy

- Extremely good
- Moderately good
- Slightly good
- Neither good nor bad
- Slightly bad
- Moderately bad
- Extremely bad

Q12. Please explain:

I feel much more competent in general bronchoscopy at the end of first year. Can do BAL by hand without assistance, brushing without assistance and in certain cases (simple, sedated patients) do transbronchial biopsies without any assistance. I hope to expand my bronchoscopy skills to endobronchial biopsies in the 2nd year.

Q13. Please rate your performance of complex airway procedures

- Extremely good
- Moderately good
- Slightly good
- Neither good nor bad
- Slightly bad
- Moderately bad
- Extremely bad

Q14. Please explain

Unfortunately, a lot of the complex airway issues I had occurred overnight and I still don't feel comfortable managing it without the help of anesthesia. Often, the anesthesia residents also bring their staff, who end up supervising them in the case.

Q15. Please rate your performance of pleural procedures

- Extremely good
- Moderately good
- Slightly good
- Neither good nor bad
- Slightly bad
- Moderately bad
- Extremely bad

Q16. Please explain

I feel much more comfortable with thoracentesis and chest tubes at the end of first year. I still have not done a lot of loculated or very small effusions but in general would feel comfortable doing this overnight alone in the ICU if I had to.

Q17. Please rate your performance of advanced diagnostic bronchoscopy

- Extremely good
- Moderately good
- Slightly good
- Neither good nor bad
- Slightly bad
- Moderately bad
- Extremely bad

Q18. Please explain

I have not had enough opportunity to practice endobronchial biopsy this year - usually I do the diagnostic scope and a 2nd or 3rd year do the ultrasound portion

Q24. Do you feel that you are provided adequate resources for wellness?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

Q25. Do you feel the program takes your overall wellness into consideration?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

Q19. Please rate your professionalism

- Extremely professional
- Moderately professional
- Slightly professional
- Neither professional nor unprofessional
- Slightly unprofessional
- Moderately unprofessional
- Extremely unprofessional

Q20. Please explain

Overall, I think I am professional to patients, families, residents, nursing, pharmacy and other staff.

Q21.  
Please identify your areas of weakness

1) I am someone that loves learning/reading based on cases I encounter, in particular looking at primary literature during pulmonary consult rotations, which always brings up interesting questions. However, I also need to devote time to reading and studying outside of clinical cases, which have been hard to do this year. I greatly enjoy this activity when I do set the time to do it. 2) I would like to work more on my research. It has been difficult, since my second half of the year had 6 months of ICU/consults in 7 months total 3) 1st year does not have enough time to explore clinics due to the volume of calls and ICU months. I feel much better in inpatient pulmonary consult and ICU but I still need much more experience in outpatient pulmonary medicine

## Q22. Please identify how you plan to improve your areas of weakness

1) I will build in afternoons to do reading during elective time. I will continue to incorporate reading primary literature to Chest conferences, journal clubs, and other presentations at state/national conferences. I plan in 2nd year on doing lectures to residents when I run consults and during ICU time. I have done a lecture and simulation on ventilator alarms to medical students and plan on doing this again in the fall. 2) Plan on working more on research during elective time second year 3) I hope to use elective time to do more clinics in the 2nd and 3rd year

## Q23. Please identify your strengths

I think I have been fairly good this year about patient-family centered medicine - overnight, families are notified and updated. I have lead family meetings many times overnight and I have improved a lot through experience on helping families make critical decisions even when there is not a lot of time to establish rapport. I think for the most part my plan of care overnight have been thorough and my triage decisions overnight have been consistent with the follow-up team on chart review. I avoid making medical decisions that are not evidence based if I can - I try to read on cases, even overnight in the ICU. I think I run the consult service efficiently and effectively and the learners on the service have an enjoyable experience without experiencing too much burnout. I do think I can work on doing more teaching on the service.

### Location Data

**Location:** ([43.034393310547](#), [-89.500701904297](#))

**Source:** GeolIP Estimation

