

HAEMR Shift Cards

Faculty Evaluations of Residents

General Concepts

Shift Cards

- Faculty will be expected to complete **one shift card per resident per shift** (per ≥ 4 hours of clinical time if shifts do not align).
- At the beginning of each shift, **the resident should notify the attending which domain they are focusing on improving** which is the shift card that the attending should complete for that shift.
- Attendings are expected to fill out the shift card **at or near the end of the shift, before leaving the emergency department, and preferably with real-time 1:1 feedback** (e.g., the form may be filled out together).

Ad Hoc Cards

- Certain clinical skills are not routinely available for assessment. Therefore, it is important that we capitalize on opportunities to assess these skills when they do present.
- Both residents and faculty can initiate these evaluations when opportunities arise.
- Faculty will be expected to complete these evaluation cards **as soon as possible after the task is completed, before leaving the emergency department, and preferably with real-time 1:1 feedback** (e.g., the form may be filled out together).



Overall Expectations

- **Faculty are not expected to routinely fill out more than one shift card and one ad hoc card per resident per shift**, however there is no limit to how many evaluation cards faculty can complete at any time.
- If an evaluation is opened accidentally or a mistake is made, simply close the browser window. **Incomplete responses are deleted automatically after 1 week.**



HAEMR Shift Cards Resident Evaluations

Resident Peer Evaluations

- Residents have the option to complete shift evaluations of peers using the link below
- Evaluation Domains:
 - Teamwork
 - Communication
 - Professionalism
 - Medical knowledge
 - Comments



Resident Evaluations of Faculty

- Residents have the option to complete shift evaluations of faculty using the link below
- Evaluation Domains:
 - On-shift teaching (quality, quantity, feedback)
 - Teamwork
 - Communication
 - Professionalism
 - Comments



Faculty Evaluation of Resident: Anchors and Domains

Information Gathering and Synthesis: Anchors

Universal Anchors	<i>Not independent</i>	<i>Some independence</i>	<i>Mostly Independent</i>	<i>Independent</i>	<i>Minimum level for safe, independent practice (minimum attending)</i>	<i>Above minimum level for safe, independent practice</i>	<i>Far above minimum level for safe, independent practice (expert attending)</i>	Single Observation / Unable to assess
	<i>"I had to do..."</i>	<i>"I had to talk them through..."</i>	<i>"I had to prompt them from time to time"</i>	<i>"I needed to be there just in case"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	
Secondary Anchors <i>Multiple observations with consistent performance at the following levels</i>	<i>Frequent key omissions / inaccuracies</i>	<i>Some key omissions / inaccuracies</i>	<i>Rare key omissions / inaccuracies</i>	<i>No key omissions / inaccuracies</i>	<i>No key omissions / inaccuracies</i>	<i>No key omissions / inaccuracies</i>	<i>No key omissions / inaccuracies</i>	Single Observation / Unable to assess
	<i>Constant coaching / correction needed</i>	<i>Frequent coaching / correction needed</i>	<i>Some coaching / correction needed</i>	<i>Minimal coaching / correction needed</i>	<i>Coaching only for nuance or style</i>		<i>Teaches nuanced and stylistic points</i>	
	<i>Does not recognize overt patient acuity</i>		<i>Recognizes overt patient acuity</i>		<i>Recognizes subtle patient acuity</i>			
			<i>Occasionally captures nuanced and anticipatory data</i>		<i>Regularly captures nuanced and anticipatory data</i>		<i>Always captures nuanced and anticipatory data</i>	

Faculty Evaluation of Resident: Anchors and Domains

Information Gathering and Synthesis: Ratings

History taking								
Physical exam								
Record review								
Collateral								
Organization of presentations								
Assessment / Synthesis								
Differential diagnosis								
Medical knowledge: Depth and application								

Faculty Evaluation of Resident: Anchors and Domains

Diagnostics: Anchors

Universal Anchors	<i>Not independent</i>	Some independence	Mostly Independent	Independent	Minimum level for safe, independent practice (minimum attending)	Above minimum level for safe, independent practice	Far above minimum level for safe, independent practice (expert attending)	Single Observation / Unable to assess
	<i>"I had to do..."</i>	<i>"I had to talk them through..."</i>	<i>"I had to prompt them from time to time"</i>	<i>"I needed to be there just in case"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	
Secondary Anchors Multiple observations with consistent performance at the following levels	Frequent key omissions / inaccuracies	Some key omissions / inaccuracies	Rare key omissions / inaccuracies	No key omissions / inaccuracies	No key omissions / inaccuracies	No key omissions / inaccuracies	No key omissions / inaccuracies	Single Observation / Unable to assess
	Constant coaching / correction needed	Frequent coaching / correction needed	Some coaching / correction needed	Minimal coaching / correction needed	Coaching only for nuance or style		Teaches nuanced and stylistic points	
			Occasionally incorporates considerations of cost, efficiency, and comfort		Regularly incorporates considerations of cost, efficiency, and comfort		Incorporates nuanced considerations of cost, efficiency, and comfort	

Faculty Evaluation of Resident: Anchors and Domains

Diagnostics: Ratings

Laboratory testing								
Radiology studies								
Point of care ultrasound								
Diagnostic procedures								
Prioritization of diagnostics								
Interpretation of diagnostics								
Medical knowledge: Depth and application								

Faculty Evaluation of Resident: Anchors and Domains

Therapeutics: Anchors

Universal Anchors	<i>Not independent</i>	Some independence	Mostly Independent	Independent	Minimum level for safe, independent practice (minimum attending)	Above minimum level for safe, independent practice	Far above minimum level for safe, independent practice (expert attending)	Single Observation / Unable to assess
	<i>"I had to do..."</i>	<i>"I had to talk them through..."</i>	<i>"I had to prompt them from time to time"</i>	<i>"I needed to be there just in case"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	
Secondary Anchors Multiple observations with consistent performance at the following levels	Frequent key omissions / inaccuracies (e.g. dose, route, agent)	Some key omissions / inaccuracies (e.g. dose, route, agent)	Rare key omissions / inaccuracies (e.g. dose, route, agent)	No key omissions / inaccuracies (e.g. dose, route, agent)	No key omissions / inaccuracies (e.g. dose, route, agent)	No key omissions / inaccuracies (e.g. dose, route, agent)	No key omissions / inaccuracies (e.g. dose, route, agent)	Single Observation / Unable to assess
	Constant coaching / correction needed	Frequent coaching / correction needed	Some coaching / correction needed	Minimal coaching / correction needed	Coaching only for nuance or style		Teaches nuanced and stylistic points	
			Occasionally incorporates considerations of cost, efficiency, and comfort		Regularly incorporates considerations of cost, efficiency, and comfort		Incorporates nuanced considerations of cost, efficiency, and comfort	

Faculty Evaluation of Resident: Anchors and Domains

Therapeutics: Ratings

Pharmacology: Choice of agents <small>(indication, cost, etc.)</small>								
Pharmacology: Safety <small>(allergies, dosing, etc.)</small>								
Therapeutic procedures								
Non- pharmacologic, non-procedural therapeutics								
Therapeutic monitoring: Safety and efficacy								
Medical knowledge: Depth and application								

Faculty Evaluation of Resident: Anchors and Domains

Flow: Anchors

Universal Anchors	<i>Not independent</i>	Some independence	Mostly Independent	Independent	Minimum level for safe, independent practice (minimum attending)	Above minimum level for safe, independent practice	Far above minimum level for safe, independent practice (expert attending)	Single Observation / Unable to assess
	<i>"I had to do..."</i>	<i>"I had to talk them through..."</i>	<i>"I had to prompt them from time to time"</i>	<i>"I needed to be there just in case"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	
Secondary Anchors <i>Multiple observations with consistent performance at the following levels</i>	Frequent key omissions / delays	Some key omissions / delays	Rare key omissions / delays	No key omissions / delays	No key omissions / delays	No key omissions / delays	No key omissions / delays	Single Observation / Unable to assess
	Constant coaching / correction needed	Frequent coaching / correction needed	Some coaching / correction needed	Minimal coaching / correction needed	Coaching only for nuance or style		Teaches nuanced and stylistic points	
			Occasionally utilizes established "pop off" support mechanisms		Routinely utilizes established "pop off" support mechanisms		<i>Utilizes novel, creative, and nuanced solutions to optimize patient flow</i>	

Faculty Evaluation of Resident: Anchors and Domains

Flow: Ratings

Patient assessments (timely, efficient, accurate)								
Orders (timely, accurate, prioritized)								
Observation and reassessment (timely, accurate)								
Disposition (timely, safe, with patient education)								
Task prioritization								
Task switching								
Global resource utilization								

Faculty Evaluation of Resident: Anchors and Domains

Communication: Anchors

Universal Anchors	<i>Not independent</i>	Some independence	Mostly Independent	Independent	Minimum level for safe, independent practice (minimum attending)	Above minimum level for safe, independent practice	Far above minimum level for safe, independent practice (expert attending)	Single Observation / Unable to assess
	<i>"I had to do..."</i>	<i>"I had to talk them through..."</i>	<i>"I had to prompt them from time to time"</i>	<i>"I needed to be there just in case"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	
Secondary Anchors Multiple observations with consistent performance at the following levels	Frequently omits or does not recognize key information		Occasionally omits or does not recognize key information	Rarely omits or does not recognize key information	No key omissions / failures to recognize key information	No key omissions / failures to recognize key information	No key omissions / failures to recognize key information	Single Observation / Unable to assess
	<i>Intervention / clarification by others frequently required</i>		<i>Intervention / clarification by others occasionally required</i>	<i>Intervention / clarification by others rarely required</i>	No intervention / clarification by others required	No intervention / clarification by others required	No intervention / clarification by others required	
	Gaps in medical knowledge, cultural competency, and professionalism		Developing medical knowledge, cultural competency, and professionalism		Strong medical knowledge, cultural competency, and professionalism		Exceptional medical knowledge, cultural competency, and professionalism	

Faculty Evaluation of Resident: Anchors and Domains

Communication: Ratings

Bedside manner								
Case presentations								
Passoff / transitions of care								
Communication with nurses								
Communication with consultants								
Situational awareness								
Non-verbal communication								
Medical knowledge: Depth and application								

Faculty Evaluation of Resident: Anchors and Domains

Documentation: Anchors

Universal Anchors	<i>Not independent</i>	Some independence	<i>Mostly Independent</i>	<i>Independent</i>	Minimum level for safe, independent practice (minimum attending)	Above minimum level for safe, independent practice	Far above minimum level for safe, independent practice (expert attending)	Single Observation / Unable to assess
	<i>"I had to do..."</i>	<i>"I had to talk them through..."</i>	<i>"I had to prompt them from time to time"</i>	<i>"I needed to be there just in case"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	
Secondary Anchors <i>Multiple observations with consistent performance at the following levels</i>	<i>Notes frequently include key errors or omissions</i>	<i>Occasionally omits update notes</i>	<i>Notes rarely include key errors or omissions</i>	No key omissions or errors	Clear, concise, accurate, and complete documentation of clinical presentation, medical decision-making, and updates	Clear, concise, accurate, and complete documentation of clinical presentation, medical decision-making, and updates	Clear, concise, accurate, and complete documentation of clinical presentation, medical decision-making, and updates	Single Observation / Unable to assess
	<i>Does not write update notes</i>	<i>Occasionally writes update notes</i>	<i>Regularly writes update notes</i>					
	Significant room to improve medicolegal defensibility		Some room to improve medicolegal defensibility		Always medicolegally defensible		Nuanced understanding of documentation methods, standards, billing, and medicolegal issues	
	Significant room to improve documentation for billing		Some room to improve documentation for billing		Always billable at appropriate level			

Faculty Evaluation of Resident: Anchors and Domains

Documentation: Ratings

Accuracy								
Completeness (medically informative)								
Medicolegally defensible								
Billable at appropriate level								
Timeliness								
Update notes								
Medical knowledge: Depth and application								

Faculty Evaluation of Resident: Anchors and Domains

Team Management: Anchors

Universal Anchors	<i>Not independent</i>	Some independence	Mostly Independent	Independent	Minimum level for safe, independent practice (minimum attending)	Above minimum level for safe, independent practice	Far above minimum level for safe, independent practice (expert attending)	Single Observation / Unable to assess
	<i>"I had to do..."</i>	<i>"I had to talk them through..."</i>	<i>"I had to prompt them from time to time"</i>	<i>"I needed to be there just in case"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	
Secondary Anchors: Multiple observations with consistent performance at the following levels	<i>Intervention by others frequently required</i>		<i>Intervention by others occasionally required</i>	<i>Intervention by others rarely required</i>	No intervention by others required	<i>No intervention by others required</i>	<i>No intervention by others required</i>	Single Observation / Unable to assess
	<i>Does not achieve buy-in from team members</i>		<i>Usually achieves buy-in from team members</i>		<i>Routinely achieves buy-in from team members</i>		<i>Establishes report where team members go above and beyond</i>	
	<i>Does not identify and support struggling team members</i>		<i>Usually identifies and supports struggling team members</i>		<i>Routinely identifies and supports struggling team members</i>			

Faculty Evaluation of Resident: Anchors and Domains

Team Management: Ratings

Owning the department								
Situational awareness								
Communication								
Motivation								
Resource management								

Faculty Evaluation of Resident: Anchors and Domains

Resuscitation / Emergency Stabilization: Anchors

Universal Anchors	<i>Not independent</i>	<i>Some independence</i>	<i>Mostly Independent</i>	<i>Independent</i>	<i>Minimum level for safe, independent practice (minimum attending)</i>	<i>Above minimum level for safe, independent practice</i>	<i>Far above minimum level for safe, independent practice (expert attending)</i>	Unable to assess
	<i>"I had to do..."</i>	<i>"I had to talk them through..."</i>	<i>"I had to prompt them from time to time"</i>	<i>"I needed to be there just in case"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	
Secondary Anchors	Constant prompting / coaching / correction needed	Frequent prompting / coaching / correction needed	Some prompting / coaching / correction needed	Minimal prompting / coaching / correction needed	<i>Prompting / coaching only for nuance or style</i>		Teaches nuanced and stylistic points	Unable to assess
	<i>If timing relevant: Omitted</i>	<i>If timing relevant: Significantly delayed</i>	<i>If timing relevant: Slightly delayed</i>		<i>If timing relevant: Appropriate / Timely</i>		<i>If timing relevant: Anticipatory / Advanced</i>	

Faculty Evaluation of Resident: Anchors and Domains

Resuscitation / Emergency Stabilization: Ratings

Preparation								
Control of room								
Recognition of emergencies								
Emergent interventions								
Resource utilization								
Disposition								

Faculty Evaluation of Resident: Anchors and Domains

Airway Management: Anchors

Universal Anchors	<i>Not independent</i>	<i>Some independence</i>	<i>Mostly Independent</i>	<i>Independent</i>	<i>Minimum level for safe, independent practice (minimum attending)</i>	<i>Above minimum level for safe, independent practice</i>	<i>Far above minimum level for safe, independent practice (expert attending)</i>	Unable to assess
	<i>"I had to do..."</i>	<i>"I had to talk them through..."</i>	<i>"I had to prompt them from time to time"</i>	<i>"I needed to be there just in case"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	
Secondary Anchors	Constant prompting / coaching / correction needed	Frequent prompting / coaching / correction needed	Some prompting / coaching / correction needed	Minimal prompting / coaching / correction needed	<i>Prompting / coaching only for nuance or style</i>		Teaches nuanced and stylistic points	Unable to assess
	<i>Manual skills / dexterity suggest low likelihood of procedural success or significant delays in uncomplicated patients</i>		<i>Manual skills / dexterity suggest high likelihood of timely procedural success in uncomplicated patients</i>		<i>Manual skills / dexterity suggest high likelihood of timely procedural success in complex patients</i>		Excellence in manual skills / dexterity including use of advanced equipment, management of rare cases and complications	
	<i>If timing relevant: Omitted</i>	<i>If timing relevant: Significantly delayed</i>	<i>If timing relevant: Slightly delayed</i>		<i>If timing relevant: Appropriate / Timely</i>		<i>If timing relevant: Anticipatory / Advanced</i>	

Faculty Evaluation of Resident: Anchors and Domains

Airway Management: Ratings

Intubation plan (pre-intubation, approach, post- intubation)								
Set-up (equipment, positioning, preoxygenation)								
Laryngoscopy								
Passing the tube								
Post-intubation care								
Management of complications								

Faculty Evaluation of Resident: Anchors and Domains

Vascular Access: Anchors

Universal Anchors	<i>Not independent</i>	<i>Some independence</i>	<i>Mostly Independent</i>	<i>Independent</i>	Minimum level for safe, independent practice (minimum attending)	Above minimum level for safe, independent practice	Far above minimum level for safe, independent practice (expert attending)	Unable to assess
	<i>"I had to do..."</i>	<i>"I had to talk them through..."</i>	<i>"I had to prompt them from time to time"</i>	<i>"I needed to be there just in case"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	
Secondary Anchors	Constant prompting / coaching / correction needed	Frequent prompting / coaching / correction needed	Some prompting / coaching / correction needed	Minimal prompting / coaching / correction needed	<i>Prompting / coaching only for nuance or style</i>		Teaches nuanced and stylistic points	Unable to assess
	<i>Manual skills / dexterity suggest low likelihood of procedural success or significant delays in uncomplicated patients</i>		<i>Manual skills / dexterity suggest high likelihood of timely procedural success in uncomplicated patients</i>		<i>Manual skills / dexterity suggest high likelihood of timely procedural success in complex patients</i>		Excellence in manual skills / dexterity including use of advanced equipment, management of rare cases and complications	
	<i>If timing relevant: Omitted</i>	<i>If timing relevant: Significantly delayed</i>	<i>If timing relevant: Slightly delayed</i>		<i>If timing relevant: Appropriate / Timely</i>		<i>If timing relevant: Anticipatory / Advanced</i>	

Faculty Evaluation of Resident: Anchors and Domains

Vascular Access: Ratings

Plan (device, site, approach)								
Set-up (equipment, positioning, sterility)								
Vessel localization								
Needle control / Vessel puncture								
Cannulation								
Confirmation of placement								
Securing the line								
Management of complications								

Faculty Evaluation of Resident: Anchors and Domains

Sedation: Anchors

Universal Anchors	<i>Not independent</i>	<i>Some independence</i>	<i>Mostly Independent</i>	<i>Independent</i>	<i>Minimum level for safe, independent practice (minimum attending)</i>	<i>Above minimum level for safe, independent practice</i>	<i>Far above minimum level for safe, independent practice (expert attending)</i>	Unable to assess
	<i>"I had to do..."</i>	<i>"I had to talk them through..."</i>	<i>"I had to prompt them from time to time"</i>	<i>"I needed to be there just in case"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	
Secondary Anchors	Constant prompting / coaching / correction needed	Frequent prompting / coaching / correction needed	Some prompting / coaching / correction needed	Minimal prompting / coaching / correction needed	<i>Prompting / coaching only for nuance or style</i>		Teaches nuanced and stylistic points	Unable to assess
	Lacking awareness and understanding of patient hemodynamic and respiratory status, level of sedation		General awareness and understanding of patient hemodynamic and respiratory status, level of sedation		Constant awareness and understanding of patient hemodynamic and respiratory status, level of sedation		Nuanced awareness and understanding of patient hemodynamic and respiratory status, level of sedation	
	Major adjustments in dosing / timing needed		Minor adjustments in dosing / timing needed		All dosing, timing safe and effective	<i>All dosing, timing safe and effective</i>	<i>All dosing, timing safe and effective</i>	
	Absent response to signs of under-sedation and oversedation	Significantly delayed response to signs of under-sedation and oversedation	Slightly delayed response to signs of under-sedation and oversedation		Timely response to signs of under-sedation and oversedation		Anticipatory response to signs of impending under-sedation and oversedation	

Faculty Evaluation of Resident: Anchors and Domains

Sedation: Ratings

Pre-sedation assessment								
Plan: Agent(s) and dosing								
Set-up (equipment, positioning, IV access)								
Drug dosing and timing								
Patient monitoring								
Management of complications								

Faculty Evaluation of Resident: Anchors and Domains

General Procedure: Anchors

Universal Anchors	<i>Not independent</i>	<i>Some independence</i>	<i>Mostly Independent</i>	<i>Independent</i>	<i>Minimum level for safe, independent practice (minimum attending)</i>	<i>Above minimum level for safe, independent practice</i>	<i>Far above minimum level for safe, independent practice (expert attending)</i>	Unable to assess
	<i>"I had to do..."</i>	<i>"I had to talk them through..."</i>	<i>"I had to prompt them from time to time"</i>	<i>"I needed to be there just in case"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	
Secondary Anchors	Constant prompting / coaching / correction needed	Frequent prompting / coaching / correction needed	Some prompting / coaching / correction needed	Minimal prompting / coaching / correction needed	<i>Prompting / coaching only for nuance or style</i>		Teaches nuanced and stylistic points	Unable to assess
	<i>Manual skills / dexterity suggest low likelihood of procedural success or significant delays in uncomplicated patients</i>		<i>Manual skills / dexterity suggest high likelihood of timely procedural success in uncomplicated patients</i>		<i>Manual skills / dexterity suggest high likelihood of timely procedural success in complex patients</i>		Excellence in manual skills / dexterity including use of advanced equipment, management of rare cases and complications	
	<i>If timing relevant: Omitted</i>	<i>If timing relevant: Significantly delayed</i>	<i>If timing relevant: Slightly delayed</i>		<i>If timing relevant: Appropriate / Timely</i>		<i>If timing relevant: Anticipatory / Advanced</i>	

Faculty Evaluation of Resident: Anchors and Domains

General Procedure: Ratings

Medical knowledge (indications, anatomy, technique, complications, consent considerations, after care)								
Plan (patient preparation, equipment, approach / technique)								
Set-up (equipment, positioning)								
Execution of procedure								
Patient instructions, after care								
Management of complications								

Faculty Evaluation of Resident: Anchors and Domains

Special Communication: Anchors

Universal Anchors	<i>Not independent</i>	<i>Some independence</i>	<i>Mostly Independent</i>	<i>Independent</i>	<i>Minimum level for safe, independent practice (minimum attending)</i>	<i>Above minimum level for safe, independent practice</i>	<i>Far above minimum level for safe, independent practice (expert attending)</i>	Unable to assess
	<i>"I had to do..."</i>	<i>"I had to talk them through..."</i>	<i>"I had to prompt them from time to time"</i>	<i>"I needed to be there just in case"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	<i>"I did not need to be there"</i>	
Secondary Anchors	Frequently omits or does not recognize key information		Occasionally omits or does not recognize key information	Rarely omits or does not recognize key information	No key omissions / failures to recognize key information	No key omissions / failures to recognize key information	No key omissions / failures to recognize key information	Unable to assess
	Intervention / clarification by others frequently required		Intervention / clarification by others occasionally required	Intervention / clarification by others rarely required	No intervention / clarification by others required	No intervention / clarification by others required	No intervention / clarification by others required	
	Gaps in medical knowledge, cultural competency, and professionalism		Developing medical knowledge, cultural competency, and professionalism		Strong medical knowledge, cultural competency, and professionalism		Exceptional medical knowledge, cultural competency, and professionalism	

Faculty Evaluation of Resident: Anchors and Domains

Special Communication: Ratings

Situational awareness								
Delivery of information (content and process)								
Receiving of information (content and context clues)								
Non-verbal communication (body language and positioning, etc.)								
Management of expectations								
Appropriate time management								