

**Emory Family Medicine Residency Program  
Evaluation of Resident on Rotation**

**Resident:** \_\_\_\_\_ Circle one: PGY1 PGY2 PGY3

Rotation: \_\_\_\_\_ Attending \_\_\_\_\_ Month/Year \_\_\_\_\_

**Instructions for the Attending Physician/Preceptor:**

The resident's progress should be discussed with the resident midway through the rotation.

This two-sided form must be completed and reviewed with the resident at least 1 day prior to the end of the rotation. Please make a copy and give it to the resident and then mail or fax the original to our office. Please review and sign the procedure and diagnosis cards before the resident completes the rotation. Comments on the individual's strengths and areas for improvements are extremely helpful. Thanks for all your time and effort!

**Legend for scoring:**

5 = competent as a board-certified physician

4 = exceeds expectations for level of training

**3 = appropriate for level of training**

2 = below expectations for level of training

1 = unacceptable, would consider remediating

Please clearly document reasons for level 1's.

|   | 1                     | 2                     | 3                     | 4                     | 5                     | n/a                   |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Displayed initiative (in clinical situations and in reading). [MK, PF]                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Demonstrated ability to assess and manage patients. [MK, PC]   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Improved or otherwise responded constructively to feedback. [PBLI]                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Worked well with team/sought win-win solutions. [IC, SBP]  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Demonstrated ability to create and maintain therapeutic relationships with patients and families. [IC] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Used effective interpersonal skills with healthcare personnel. [IC]                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Was dependable and punctual on rotation. [PF]  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Completed charting in a timely manner. [PF]  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Showed interest and skill in teaching less experienced learners. [MK, SBP]                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Demonstrated sensitivity to lifestyle, culture, race, gender, age, and disability issues. [PC]        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**ACGME Competencies:**

MK = Medical Knowledge; PC = Patient Care; PF = Professionalism

IC = Interpersonal and Communication Skills; PBLI = Practice-based Learning and Improvement; SBP = Systems-based practice

Please complete the second portion of the form and return both pages to:

**Emory Family Medicine Residency Program Coordinator**

**4555 North Shallowford Road**

**Atlanta, GA 30338**

**Phone: (404) 727-8843/8868 Fax: (404) 727-1174**

**E-mail: [sprice@learnlink.emory.edu](mailto:sprice@learnlink.emory.edu)**

**Please turn over**

Please rank the resident's competence in *independent* management of medical problems and performance of procedures.

| Management of: (list medical problems/diagnoses) | Not Competent | Appropriate for level of training | Competent | Not Observed |
|--|---------------|-----------------------------------|-----------|--------------|
| 1.   |               |                                   |           |              |
| 2.   |               |                                   |           |              |
| 3.   |               |                                   |           |              |
| 4.   |               |                                   |           |              |
| 5.   |               |                                   |           |              |
| 6.   |               |                                   |           |              |
| 7.   |               |                                   |           |              |
| 8.   |               |                                   |           |              |
| 9.   |               |                                   |           |              |
| 10.  |               |                                   |           |              |
| 11.  |               |                                   |           |              |
| 12.  |               |                                   |           |              |
| 13.  |               |                                   |           |              |
| 14.  |               |                                   |           |              |
| 15.  |               |                                   |           |              |
| Performance of Procedures: (list procedures)     | Not Competent | Appropriate for level of training | Competent | Not Observed |
| 1.   |               |                                   |           |              |
| 2.   |               |                                   |           |              |
| 3.   |               |                                   |           |              |
| 4.   |               |                                   |           |              |
| 5.   |               |                                   |           |              |

**Strengths:**

**Suggestions for improvement:**

**In your opinion, should the resident receive credit for this rotation? Yes  No**

Printed Name/Dept of Evaluator \_\_\_\_\_

Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_

Signature of Resident \_\_\_\_\_ Date \_\_\_\_\_

Signature of Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Program Director \_\_\_\_\_ Date \_\_\_\_\_