

Behavioral Science - Direct Observation Resident Evaluation Form

Resident: _____ Date: _____ Time in room: _____ Time done w/visit: _____

Observer: _____ Patient Info: _____

Instructions for observer: Please use the categories below to evaluate the resident on any or all aspects of practice that you felt you were able to observe them on during today's clinic session. Base your evaluation on your experience with the resident during this clinic session only.

ACGME 5-W's Rating Scale (from perspective of observer):

1 – Meets expectations for a beginning resident

2 – Meeting expectations for a resident who has advanced over entry but is performing at a lower level than expected at mid-residency

3 – Meeting key developmental milestones mid-residency

4 – Expectations met for a graduating resident

5 – Exceeds expectations

N/A – Not Applicable or Not Assessed – i.e. did not observe this aspect of practice or observation was inadequate to rate performance

Milestone	Skill	Rating					
C-1 PROF-2	Introduction <input type="checkbox"/> Warm greeting and positive body language <input type="checkbox"/> Introduces self and explains resident role, preceptor involvement <input type="checkbox"/> First few seconds face to face with patient vs. immediately logging in to the computer Overall Rating and Comments:	1	2	3	4	5	N/A
C-2	Agenda Setting <input type="checkbox"/> Confirms items from the MA or other team member <input type="checkbox"/> Verifies reason for visit(s) is the patient's priority <input type="checkbox"/> Shared decision making to help narrow down to 1-2 topics <input type="checkbox"/> Additional elicitation "What else?" <input type="checkbox"/> Explains timing and flow of the visit Overall Rating and Comments:	1	2	3	4	5	N/A
PROF-3 PC-1 PC-3 C-4	History Taking <input type="checkbox"/> Uses open ended questions <input type="checkbox"/> Reflective/summary statements <input type="checkbox"/> Avoids giving opinions/advice <input type="checkbox"/> Uses respectful interruption "EEEs" <input type="checkbox"/> Acknowledges patient cues and body language <input type="checkbox"/> Takes a thorough social history <input type="checkbox"/> Uses the EHR as a shared tool <input type="checkbox"/> Does at least some charting in the exam room Overall Rating and Comments:	1	2	3	4	5	N/A
PROF-3 C-1	Physical Exam <input type="checkbox"/> Explains beforehand what he/she will be doing <input type="checkbox"/> Gives feedback during exam <input type="checkbox"/> Avoids medical jargon						

	<input type="checkbox"/> Respectful and warm demeanor Overall Rating and Comments:	1	2	3	4	5	N/A
PC-1 PC-2 PC-3 PC-4 PROF-3 C-1 C-2 MK-2 SBP-1	Plan/Closure Behavior change discussion: <input type="checkbox"/> assesses patient knowledge <input type="checkbox"/> assesses patient readiness and importance of making changes <input type="checkbox"/> assessed patient confidence in making behavior change <input type="checkbox"/> rolls with resistance <input type="checkbox"/> validates/uses empathy <input type="checkbox"/> Ask-Tell-Ask: asks permission to provide education or advice <input type="checkbox"/> Uses shared decision making to co-create a plan-verifies patient preferences <input type="checkbox"/> Mindful of Cultural components and factors <input type="checkbox"/> Mindful of social factors/barriers (cost effective care, etc.) <input type="checkbox"/> Printed Patient Plan given <input type="checkbox"/> Uses Teachback to assess patient understanding Overall Rating and Comments:	1	2	3	4	5	N/A
PC-3 SBP-4 C-3	Team Handoffs/Referrals <input type="checkbox"/> Seeks out team members for same day handoffs, when appropriate <input type="checkbox"/> Refers to the appropriate team members and/or community resources Overall Rating and Comments:	Y	N				N/A
PROF-2 PROF-4 C-3 C-4	Precepting: Presentation Style <input type="checkbox"/> Presents him/herself in a professional manner <input type="checkbox"/> Exhibits self-awareness, self-management, and/or social awareness <input type="checkbox"/> Uses Critical thinking <input type="checkbox"/> Presentation is thought out and organized <input type="checkbox"/> Gives constructive feedback in a professional manner <input type="checkbox"/> Receives constructive feedback well Overall Rating and Comments:	Y	N				N/A
SBP-4 C-3	Interactions with Team Members during course of the visit <input type="checkbox"/> Works well with others and accepts care responsibilities. Exhibits honesty, integrity, and respect for all members of the care team. Uses effective communication. Overall Rating and Comments:	Y	N				

Additional Comments: _____

Created by Cara Dalbey, PsyD 2018

This evaluation form was modeled off of Dr. Michael Kopec's sample Family Medicine Residency Rotation Evaluation from Sea Mar FMR and Larry Mauksch's Patient Centered Observation Form from the UW Department of Family Medicine