

PEER EVALUATION OF CLINICAL ENCOUNTERS

		Faculty Member (print name)						
		<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Excellent</u>	<u>Not Applicable</u>	<u>Not Observed</u>
<i>(Circle Response)</i>								
1.	Demonstration of patient centered model at all levels – history, PE, assessment and plan	1	2	3	4	5	N/A	N/O
2.	Timeliness and efficiency of rounds/clinic time	1	2	3	4	5	N/A	N/O
3.	Productive use of interdisciplinary team/resources	1	2	3	4	5	N/A	N/O
4.	Incorporation of guidelines and evidenced-based medicine into clinical practice	1	2	3	4	5	N/A	N/O
5.	Involvement of patients and learners in the assessment and treatment plan process	1	2	3	4	5	N/A	N/O
6.	Clarity of treatment plan developed with team	1	2	3	4	5	N/A	N/O
7.	Communication to the patient of treatment plan, available resources and follow-up	1	2	3	4	5	N/A	N/O
8.	Enthusiasm for patient care	1	2	3	4	5	N/A	N/O
9.	Awareness/review of practice specific quality indicators	1	2	3	4	5	N/A	N/O
10.	Competency in use of EMR (notes, referrals, orders)	1	2	3	4	5	N/A	N/O
11.	Professional characteristics when interacting with patients and learners (maturity, respectfulness, encouragement, humility, responsiveness to questions)	1	2	3	4	5	N/A	N/O
12.	OVERALL ASSESSMENT	1	2	3	4	5		

General Comments: _____ _____ _____
Strengths: _____ _____ _____
Suggestions for improvement: _____ _____ _____

Date

Evaluator

Setting of observation

- Hospital ED
 Out-patient clinic
 Surgery
 Non-Surgical Procedure
 Other: _____

Participants in Encounter (mark all that apply)

- Patient Family
 Other Faculty Residents Students
 Health Care Team Other: _____

I acknowledge that I have received a copy of this form: _____
Signature of Faculty Member

Please review with faculty member and return to departmental administrator