Evaluation Form medhub

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3. Clinic evaluation										
Evaluator:										
Evaluation of:										
Date:										
	_									
acheive a level, the fellow must satisfy ALL button between levels. Please include com		on a c	onsistent dasis. If I	ne/sne	acnieves some, but i	not all	, of the components of	а рап	icular level then ch	100S
										N
Makes informed diagnostic therapeutic decisions that result in optimal clinical judgment*	Does not develop an organized assessment of the diagnosis or a management plan		Recognizes potential diagnoses but has difficulty developing a unifying diagnosis and management plan		Develops a well- synthesized, focused differential diagnosis and management plan		Develops a unifying diagnosis, focused therapies, an effective and efficient diagnostic workup and management plan tailored to the individual patient			Е
										N.
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 Develop and carry out management plans* 	Develops and carries out management plans based on directives from others without adjusting for patient/family preferences		Begins to formulate and carry out management plans in uncomplicated patients but rarely considers patient/family preference		Develops and carries out management plans in uncomplicated patients, occasionally incorporating patient/family preferences		Efficiently develops and carries out management plans in most situations, incorporating patient/family preferences		Efficiently develops and carries out management plans, even for complicated or rare situations, incorporating patient/family preferences.	
										N
Critically evaluates and applies current medical information and scientific evidence for patient care*	Does not seek or apply evidence to a clinical situation		Seeks and applies evidence when asked		Identifies knowledge gaps; seeks and applies evidence when needed, not just when asked		Regularly formulates answerable questions and incorporates the use of clinical evidence in discussions and teaching		Is a role model for practicing evidence-based medicine, teaches critical appraisal to others and strives for change at the organizational level	[

							N/A
4. Participates in the education, of patients, families, students, residents, and other health professionals*	Uses a scripted type of patient education and counseling that may not meet the needs of patients	Educates patients in a somewhat flexible way that begins to respond to their needs and checks for understanding when triggered by patient questioning	Modifies teaching to respond to the individual needs of patients and checks for understanding when cues suggest confusion		Educates and motivates patients by facilitating their participation in discussions and consistently checks for understanding	Skillfully educates and motivates patients to make healthy changes and does not leave patient encounters without ensuring their understanding	
							N/A
5. Maintains comprehensive, timely, and legible medical records, if applicable*	Omits important data sections and/or includes unnecessary information; does not complete records in a timely fashion	Often omits important information or includes too many details; 'copy forwards' erroneous information in EHR; updates the problem list; usually completes records in a timely manner but they often require editing	Completes medical records accurately and comprehensively; identifies and corrects errors in the medical record and does not 'copy forward' errors in the EHR; completes records in a timely fashion		In addition, synthesizes key information in a succinct manner; begins to develop standard template to ensure that documentation is complete; regularly participates in chart audits	In addition, uses expertise to improve documentation systems to drive better patient care outcomes and works to disseminate best practices	
				_			N/A
6. Incorporates considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate*	Does not incorporate cost issues or risk-benefit analysis in the management of patients	Uses externally provided information (e.g. prescribing information, test ordering patterns or research around a treatment) to inform cost- containing action and/or preliminary risk-benefit analysis	Critically appraises information available on an evaluation test or treatment to allow optimization of cost issues and risk-benefit for an individual patient		Critically appraises information in the context of not only the individual patient but also the broader population/system in making cost and/or risk-benefit decisions	Consistently integrates cost analysis into one's practice while minimizing risk and optimizing benefits for whole systems or populations	
7. Please include comments							