

**Family Medicine Resident's Rural Rotation
Supervisor Evaluation of Resident**

Funded by the
Texas Higher Education Coordinating Board
Administered by the
Faculty Development Center

Directions:

This evaluation form is to be completed by the **Rural Rotation Supervisor**. The form shall be signed by the **Supervisor AND the Resident**. After the form has been completed, the supervisor shall return the original to the residency program director.

FAMILY MEDICINE RESIDENT'S RURAL ROTATION

Evaluation of Resident Performance

Name of Resident _____ Date _____

Residency Program _____

Supervisor _____

Directions: At the end of the rotation you will need to meet with the resident to share this completed evaluation and discuss your comments.

For each item, circle the number that best describes the resident's level of performance at the end of the rotation. Send the completed form to the resident's program director.

HISTORY TAKING

Not Observed	Consistently inaccurate or incomplete	Frequently inaccurate or incomplete	Usually accurate and complete	Consistently accurate and complete
0	1	2	3	4

PHYSICAL EXAMINATIONS – COMPLETENESS

Not Observed	Consistently incomplete	Frequently incomplete	Usually complete	Consistently complete
0	1	2	3	4

PHYSICAL EXAMINATIONS – INSTRUMENTS

Not Observed	Consistently deficient in the use of instruments	Frequently deficient in the use of instruments	Usually proficient in the use of instruments	Consistently proficient in the use of instruments
0	1	2	3	4

PHYSICAL EXAMINATIONS – TESTS

Not Observed	Consistently deficient in the use of tests	Frequently deficient in the use of tests	Usually proficient in the use of tests	Consistently proficient in the use of tests
0	1	2	3	4

PROBLEM IDENTIFICATION

Not Observed	Consistently unable to identify findings pertinent to the determination of the patient's problem(s)	Frequently unable to identify findings pertinent to the determination of the patient's problem(s)	Usually able to identify findings pertinent to the determination of the patient's problem(s)	Consistently able to identify findings pertinent to the determination of the patient's problem(s)
0	1	2	3	4

FORMULATION OF MANAGEMENT PLAN

Not Observed	Consistently unable to present an appropriate management plan	Frequently unable to present an appropriate management plan	Usually able to present an appropriate management plan	Consistently able to present an appropriate management plan
0	1	2	3	4

IMPLEMENTATION OF MANAGEMENT PLAN

Not Observed	Consistently disorganized in follow-ups or adjustments to changes in patient status	Frequently disorganized in follow-ups or adjustments to changes in patient status	Usually organized in follow-ups and adjustments to changes in patient status	Consistently organized in follow-ups and adjustments to changes in patient status
0	1	2	3	4

MEDICAL RECORDS

Not Observed	Consistently makes disorganized entries that exclude relevant and/or include irrelevant data	Frequently makes disorganized entries that exclude relevant and/or include irrelevant data	Usually makes organized entries that include only relevant data	Consistently makes organized entries that include only relevant data
0	1	2	3	4

APPLICATION OF KNOWLEDGE

Not Observed	Consistently has difficulty relating biomedical knowledge and principles to clinical cases	Frequently has difficulty relating biomedical knowledge and principles to clinical cases	Usually able to relate biomedical knowledge and principles to clinical cases	Consistently able to relate biomedical knowledge and principles to clinical cases
0	1	2	3	4

INTERPERSONAL SKILLS – PATIENT COMMUNICATION

Not Observed	Consistently unable to communicate effectively with patients	Frequently unable to communicate effectively with patients	Usually able to communicate effectively with patients	Consistently able to communicate effectively with patients
0	1	2	3	4

INTERPERSONAL SKILLS – COLLEGIALITY

Not Observed	Consistently unable to cooperate with or fails to respect other health professionals	Frequently unable to cooperate with or fails to respect other health professionals	Usually able to cooperate with and respect other health professionals	Consistently able to cooperate with and respect other health professionals
0	1	2	3	4

PROFESSIONAL ATTITUDES – PUNCTUALITY

Not Observed	Consistently fails to perform assigned duties on time or meet commitments	Frequently fails to perform assigned duties on time or meet commitments	Usually performs assigned duties on time and meets commitments	Consistently performs assigned duties on time and meets commitments
0	1	2	3	4

PROFESSIONAL ATTITUDES – LIFE LONG LEARNING

Not Observed	Consistently demonstrates lack of initiative in learning new information	Frequently demonstrates lack of initiative in learning new information	Usually demonstrates initiative in learning new information	Consistently demonstrates initiative in learning new information
0	1	2	3	4

PROFESSIONAL ATTITUDES – RECEIVING FEEDBACK

Not Observed	Consistently unresponsive to feedback	Frequently unresponsive to feedback	Usually responds well to feedback	Consistently responds well to feedback
0	1	2	3	4

PROFESSIONAL ATTITUDES – AUTONOMY

Not Observed	Consistently fails to check with authority when appropriate	Frequently fails to check with authority when appropriate	Usually checks with authority when appropriate	Consistently checks with authority when appropriate
0	1	2	3	4

OVERALL EVALUATION

Many major deficiencies	Several important deficiencies	Few deficiencies of consequence	No deficiencies of consequence	No deficiencies
Unacceptable	Needs to Improve	Satisfactory	Very Good	Excellent
1	2	3	4	5

What are the resident's greatest strengths? _____

In what areas does this resident most need to improve? _____

Supervisor's Signature

Resident's Signature

Date

Date