

Fellow Evaluations by Families / La Evaluación del Interno por las familias

Fellow (*Interno*): _____ **M.D.**

Rotation: _____

Date (*Fecha*): _____

Please Circle One: I am a Patient Parent Guardian Family Member
 Haz un círculo alrededor de uno: Soy un/una Paciente Padre o Madre Curador Miembro de la familia

Overall potential as a pediatrician (mark) <i>Potencial total como un/una pediatra (marca)</i>	9	8	7	6	5	4	3	2	1
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Interpersonal Skills & Communication / Mañas personales + Comunicación

- Showed respect for other hospital services and staff
Demostraba respeto por otros servicios y empleados del hospital
 _____ Advanced / Superior _____ Satisfactory / Satisfactorio _____ Unsatisfactory / Insatisfactorio
- Had the ability to communicate and collaborate with our family
Poseía la capacidad para comunicar y colaborar con las familias
 _____ Advanced / Superior _____ Satisfactory / Satisfactorio _____ Unsatisfactory / Insatisfactorio
- Had the ability to explain disease process and procedures so I understood them
Poseía la capacidad para explicar la enfermedad y los procedimientos de manera que los entendía
 _____ Advanced / Superior _____ Satisfactory / Satisfactorio _____ Unsatisfactory / Insatisfactorio

Professionalism / Profesionalismo

- Had sensitivity towards diversity and cultural differences
Demostraba sensibilidad para diversidad y diferencias culturales
 _____ Advanced / Superior _____ Satisfactory / Satisfactorio _____ Unsatisfactory / Insatisfactorio
- Showed compassion for me / my family
Demostraba compasión para mi familia/niño
 _____ Advanced / Superior _____ Satisfactory / Satisfactorio _____ Unsatisfactory / Insatisfactorio

Systems-based Practice / Utilización de los servicios del hospital

- Assured follow-up of health care issues
Garantizaba complemento de problemas de salud
 _____ Advanced / Superior _____ Satisfactory / Satisfactorio _____ Unsatisfactory / Insatisfactorio
- Respected and organized multiple services / input for my / my child's care
Respetaba y organizaba servicios varios
 _____ Advanced / Superior _____ Satisfactory / Satisfactorio _____ Unsatisfactory / Insatisfactorio
- Assured my doctor was informed of my / my child's illness
Garantizaba que el/la pediatra original estaba informado de la enfermedad de mi niño
 _____ Advanced / Superior _____ Satisfactory / Satisfactorio _____ Unsatisfactory / Insatisfactorio

Comments / Comentarios: _____

