

Stanford Pediatric Residency Evaluations  
2014-15

Form A Evaluation: Kaiser, Valley Wards, Valley NICU, Valley Nights, Oncology, WBN, PICN, Electives, Rainbow

Evaluator: \_\_\_\_\_

Service: \_\_\_\_\_

Please take a moment to complete this resident evaluation. This evaluation is NOT confidential.

Competencies:

Professionalism (P)

Communication (C)

Medical Knowledge (MK)

Patient Care (PC)

Practice-Based Learning and Improvement (PBLI)

Systems-Based Practice (SBP)

1. How much time did you spend with this resident (in hours or days)?
2. If this was a group evaluation, please list the names of the faculty that participated in this evaluation. \_\_\_\_\_
3. Best aspects of this Resident's performance: \_\_\_\_\_
4. Suggestions for Improvement: \_\_\_\_\_
5. Overall Evaluation of this Resident: \_\_\_\_\_  
1-Needs Improvement; 2-Good/Very Good; 3-Excellent/Outstanding; 4-Exceptional
6. Do you have any serious concerns about this resident? (If yes, please call the program director to discuss. 7-8979)

PC1. In taking histories, please describe how well the resident gathers information while simultaneously developing a differential diagnosis in real-time (ie. Do they ask a set list of questions or can they adapt questions in real-time to reflect a changing differential)? Consider also:

- efficiency in data-gathering
- efficiency in data-reporting
- focus on pertinent positives and negatives.

MK1. How well does the resident formulate answerable clinical questions (ie PICO questions) and use evidence to drive their clinical decision-making? Consider:

- How often does the resident use evidence when prompted?
- How often does the resident use evidence without prompts?
- What types of literature does the resident use? (ie summary vs. original research)
- How well does the resident appraise the evidence?

SBP1. How well does this resident coordinate patient care? Consider:

- Communication with team members and consultants
- Communication with patient/family around coordinating care, such as discharge needs
- Anticipation of patient's needs when transitioning from setting to setting
- Recognition of sociocultural and educational needs of patients
- How well does the resident advocate for patients/families

PROF5. How trustworthy is this resident with regard to patient care? Consider:

- Foundation of knowledge and skills
- Prioritization and follow-through on tasks
- Understanding own limitations, seeking help and guidance appropriately
- Taking full responsibility for patient

ICS1. How well does the resident communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds?  
Consider:

- Use of non-judgmental language and body language to develop trust and respect
- How well the resident addresses any physical, cultural, psychological and social barriers to communication
- How well the resident addresses the patient/families' primary concern
- How well the resident manages difficult conversations