

# BEDSIDE EVALUATION CHECKLIST

Resident Name \_\_\_\_\_

Faculty Name \_\_\_\_\_

Setting \_\_\_\_\_

Date \_\_\_\_\_

COMPETENCY	YES	NO	Not Observed
<b>Patient Care</b>			
Gathers essential information			
Gathers accurate information			
Develops appropriate and complete management plan			
Performs _____ procedure at expected level of training			
Provides patient-centered care			
Displays good time management/patient flow			
<b>Medical Knowledge</b>			
Knows and applies basic and clinically supportive sciences			
Develops appropriate and complete differential diagnosis			
Demonstrates an analytical thinking approach to clinical situation			
Recognizes life threatening situations			
Understands pathophysiology of <b>common</b> problems			
Understands pathophysiology of <b>complex</b> problems			
<b>Practice-Based Learning and Improvement</b>			
Applies evidence from medical literature to patients' health problems			
Uses technology to manage information			
Accesses on-line medical information			
Facilitates the learning of students and other health care professionals			
Answers questions while teaching			
<b>Interpersonal and Communication Skills</b>			
Introduces self			
Maintains appropriate eye contact			
Counsels and educates patient and their families			
Communicates effectively with other physicians and specialties			
Works collaboratively with RNs and Ancillary staff			
Appropriately addresses issues related to prognosis			
<b>Professionalism</b>			
Demonstrates sensitivity to patients' culture, age, gender, disabilities			
Follows up on tests			
Follows up on consults			
Charts done in timely fashion			
<b>COMMENTS:</b>			