

SHADOWING EVALUATION

Date: _____

	1 Never	2 Some of the time	3 Most of the time	4 Always	Not Observed
Resident: _____					
Evaluator: _____ Inpatient _____ Outpatient _____					
Patient Care					
Identifies and prioritizes the purpose(s) of the visit/admission					
Utilizes patient centered interviewing for history collection					
a) Avoids leading questions					
b) Interrupts					
c) Utilizes feedback: asks if patient understands					
d) Encourages patient to be specific					
e) Provides positive reinforcement					
f) Avoids medical jargon					
g) Uses culturally appropriate language					
Performs appropriate physical exam for the presenting problems					
Develops appropriate bio-psychosocial hypotheses					
Develops a provisional plan of action					
Presents a provisional and working diagnosis to the patient					
Arranges for follow-up of the current problem based on guidelines of current standards of care					
Attends to the needs of the patient					
Medical Knowledge					
Evaluates presenting problem using a focused investigation which will influence management decisions for the visit, including thorough PE & labs	1	2	3	4	NO
Prioritizes the probable and potential diagnoses to ensure that attention is given to the most likely, most serious and most readily treatable options					
Interpersonal and Communication Skills					
NonVerbal Communication					
Maintains appropriate eye contact that is culturally sensitive					
Appears relaxed					
Nods head appropriately					
Colleagues and Supervisors, Consultants, Support Staff					
Demonstrates active listening skills that lead to the ability to gather, relay and process appropriate information					
Demonstrates ability to present concise, accurate and pertinent information					
Patients and Families					
Conducts an interview which fosters a nurturing doctor-patient-family relationship					
Conducts an encounter which recognizes the primacy of patient needs and treats the patient as an appropriately equal health care partner					
Provides patient/family with clear instructions					
Documentation and Medical Records					
a) Is accurate					
b) Is complete (signature, date, time and 4-digit ID)					
c) Is legible					
d) Follows the SOAP/problem oriented format					
Updates the bio-psychosocial problem list and medication list at each visit					
Professionalism					
Demonstrates respect	1	2	3	4	NO
Shows integrity, accountability and reliability					
Maintains confidentiality					
Appearance is appropriate					
System-Based Practice					
Completes encounter document appropriately for services rendered	1	2	3	4	NO
Completes medical records in a timely manner (outpatient: within 24 hours; inpatient: by end of the month).					
Completes clinic session in a timely manner					
Involves attending appropriately for patient visits (coding)					