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**PEER EVALUATION OF CLINICAL ENCOUNTERS**

**Faculty Member (print name)**

**Poor**

**Fair**

**Good**

**Very Good**

**Excellent**

**Not Applicable**

**Not Observed**

*(Circle Response)*

Demonstration of patient centered model at all levels – history, PE, assessment and plan

Timeliness and efficiency of rounds/clinic time

Productive use of interdisciplinary team/resources

Incorporation of guidelines and evidenced-based medicine into clinical practice

Involvement of patients and learners in the assessment and treatment plan process

Clarity of treatment plan developed with team

Communication to the patient of treatment plan, available resources and follow-up

Enthusiasm for patient care

Awareness/review of practice specific quality indicators

Competency in use of EMR (notes, referrals, orders)

Professional characteristics when interacting with patients and learners (maturity, respectfulness, encouragement, humility, responsiveness to questions)

OVERALL ASSESSMENT

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

*Date*

*Evaluator*

Setting of observation

Participants in Encounter (mark all that apply)

Hospital

ED

Patient

Other Faculty Health Care Team

Family Residents

Out-patient clinic Surgery

Students

Other:

Non-Surgical Procedure Other:

I acknowledge that I have received a copy of this form:

Signature of Faculty Member

*Please review with faculty member and return to departmental administrator*

General Comments: Strengths: Suggestions for improvement: