

Resident Patient Evaluation

Instructions to Evaluators for the Resident Patient Evaluation

This exercise is to be conducted by the Department of Internal Medicine trainers and preferably a member(s) designated by the program director to complete this evaluation. The inpatient or outpatient selected for the exercise should be familiar to the evaluator but unknown to the resident. About 45-60 minutes should be designated for the evaluator to observe the resident interview the patient and perform a thorough physical examination. During this time the evaluator should remain inconspicuous. However, when necessary, the evaluator should go to the patient to demonstrate proper techniques to the resident or elicit findings, which the resident omitted.

This evaluation may take place during the first or second year of residency, but must be satisfactorily completed prior to the completion of the second year of residency for general internal medicine and year three for combination residencies (i.e. emergency medicine, pediatrics).

After completing the history and physical and after leaving the patient, about 30-45 minutes should be provided for the resident's presentation of the history and physical examination, initial diagnostic impression, review of x-rays, ECGs, lab data and other diagnostic information and plans for diagnostic studies and medical care.

At the conclusion of the exercise, the evaluator and the resident should discuss in detail the strengths and weaknesses observed in his/her clinical performance. Later the resident should dictate a consultation report of his/her patient work-up for review by the evaluator. This consultation report, with patient identification deleted to protect confidentiality, will be included as part of the completed Resident Patient Evaluation (RPE) form and is to be submitted to the ACOI.

On the RPE form the evaluator is to circle the number corresponding to the scale provided, which best describes the resident's skills and abilities for each component of clinical competence.

At the end of each section (I through VI) of the form, the evaluator is to rate the resident in regard to overall performance for the section. If there were significant deficiencies, these should be listed in the "Comments" section and the comments should be specific.

Determination of Satisfactory Performance: The resident must receive a satisfactory or higher evaluation for each of the overall ratings at the end of each section and for Section VI. If the overall ratings are not satisfactory, the clinical evaluation must be repeated with a new patient at a later date, after the program director is satisfied that remediation of the deficiencies has occurred. The resident must be properly informed of deficiencies during the feedback session described above.

When the resident has satisfactorily completed the patient evaluation, the completed and signed form is to be sent to the ACOI office. If the resident receives an unsatisfactory evaluation, this form reflecting the unsatisfactory performance is not to be sent to the ACOI, but is to be kept in the program director's files for the specific resident. The program director should make a notation on his Program Director's Annual Report to the ACOI if the resident had a previous unsatisfactory patient case evaluation.

ACOI Resident Patient Evaluation

Resident's Name: _____
 Evaluator's Name: _____
 Hospital Name: _____
 Date of Evaluation: _____

1	Unsatisfactory
2	Below Average
3	Average
4	Good
5	Superior

Please circle the appropriate number for each item using the scale above.

Patient Care	Scale				
1. Develops an accurate description of the patient's history in chronological sequence	1	2	3	4	5
2. Obtains all pertinent information of past history relative to patient's current condition	1	2	3	4	5
3. Obtains all pertinent information on the family history	1	2	3	4	5
4. Obtains all pertinent information of the occupational, social and sexual history	1	2	3	4	5
5. Establishes a complete, broad base of pertinent information	1	2	3	4	5
6. Utilizes the appropriate techniques of physical examination	1	2	3	4	5
7. Demonstrates a logical sequence of examination	1	2	3	4	5
8. Examines more thoroughly areas of importance demonstrated during the interview	1	2	3	4	5
9. Modifies the examination to adapt to the patient's limitations	1	2	3	4	5
10. Able to detect subtle findings on the examination if present	1	2	3	4	5
11. Presents the case concisely and in a logical sequence	1	2	3	4	5
12. Presents accurately the history and physical examination findings	1	2	3	4	5
13. Presents information without significant omissions or digressions	1	2	3	4	5
14. Able to integrate the history and physical findings with the clinical data	1	2	3	4	5
15. Identifies all of the patient's major problems	1	2	3	4	5
16. Develops a logical sequence in planning for diagnostic tests and procedures	1	2	3	4	5
17. Develops an appropriate treatment plan to deal with the patient's major problems	1	2	3	4	5
18. Overall rating for patient care	1	2	3	4	5

Comments: (Mandatory for all unsatisfactory ratings)

Medical Knowledge	Scale				
1. Uses current terminology	1	2	3	4	5
2. Understands the meaning of the patient's abnormal findings	1	2	3	4	5
3. Develops a pertinent and appropriate differential diagnosis	1	2	3	4	5
4. Demonstrates a solid base of knowledge concerning the patient's problems	1	2	3	4	5
5. Can discuss and apply the applicable basic and clinically supportive sciences	1	2	3	4	5
6. Overall rating for medical knowledge	1	2	3	4	5

Comments: (Mandatory for all unsatisfactory ratings)

Interpersonal and Communication Skills	Scale				
1. Properly introduces himself/herself to the patient	1	2	3	4	5
2. Recognizes and interprets nonverbal clues	1	2	3	4	5
3. Allows the patient to tell about the illness in his/her own words	1	2	3	4	5
4. When appropriate, directs questions to obtain pertinent historical information	1	2	3	4	5
5. Demonstrates clarity in questioning	1	2	3	4	5
6. Avoids repetitive questioning	1	2	3	4	5
7. Uses positive non-verbal behavior to facilitate gathering of information,	1	2	3	4	5
8. Demonstrates appropriate patient/physician relationship	1	2	3	4	5
9. Uses appropriate and understandable layman's terminology in discussions with patients	1	2	3	4	5
10. Overall rating for interpersonal and communication skills	1	2	3	4	5

Comments: (Mandatory for all unsatisfactory ratings)

Professionalism	Scale				
1. Demonstrates consideration for the patient	1	2	3	4	5
2. Demonstrates concern for the patient's comfort and modesty	1	2	3	4	5
3. Explains the purpose of the examination, when appropriate to the situation	1	2	3	4	5
4. Able to obtain the patient's cooperation	1	2	3	4	5
5. Demonstrates compassion and empathy for the patient	1	2	3	4	5
6. Able to gain the respect and trust of the patient	1	2	3	4	5
7. Demonstrates sensitivity to the patient's needs for comfort and reassurance	1	2	3	4	5
8. Demonstrates the ability to separate the needs of the patient from the pathology	1	2	3	4	5
9. Demonstrates sensitivity to patient's culture, age, gender, and disabilities	1	2	3	4	5
10. Discusses end-of-life issues (DPOA, advanced directives, etc.) when appropriate	1	2	3	4	5
11. Overall rating for professionalism	1	2	3	4	5

Comments: (Mandatory for all unsatisfactory ratings)

Systems-based Practice	Scale				
1. Spends appropriate time with patient for the complexity of the problem	1	2	3	4	5
2. Able to discuss the costs, risks and benefits of clinical data and therapy	1	2	3	4	5
3. Develops a cost effective plan for evaluation and treatment of the patient	1	2	3	4	5
4. Recognizes the personal, financial, and health system resources required to carry out the prescribed care plan	1	2	3	4	5
5. Demonstrates effective coordination of care with other health professionals	1	2	3	4	5
6. Recognizes the patient's barriers to compliance with treatment plan such as age, gender, ethnicity, socioeconomic status, intelligence, dementia, etc.	1	2	3	4	5
7. Demonstrates knowledge of risk management issues associated with patient's case	1	2	3	4	5
8. Overall rating for Systems-based practice	1	2	3	4	5

Comments: (Mandatory for all unsatisfactory ratings)

Osteopathic Concepts	Scale				
1. Demonstrates ability to understand and perform structural examination	1	2	3	4	5
2. Integrates findings of osteopathic examination in the diagnosis and treatment plan	1	2	3	4	5
3. Demonstrates holistic patient-centered care in planning, testing, therapy, and prevention					
4. Overall rating for osteopathic concepts	1	2	3	4	5
Comments: (Mandatory for all unsatisfactory ratings)					
Practice-Based Learning and Improvement	Scale				
1. Locates, appraises, and assimilates evidence from scientific studies	1	2	3	4	5
2. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies to assess diagnostic and therapeutic effectiveness of treatment plan	1	2	3	4	5
3. Uses information technology to access information to support diagnosis and treatment	1	2	3	4	5
Overall rating for practice-based learning and improvement	1	2	3	4	5
Comments: (Mandatory for all unsatisfactory ratings)					

Resident's Signature

Date

Evaluator's Signature

Date

Program Director's Signature

Date