

**Evaluation Form**



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**Allen Ward Medicine Multi-Disiplinary Team Evaluation - Acadmemic Year 2015-16**

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

Evaluation of: \_\_\_\_\_

Date: \_\_\_\_\_

Please document the frequency you observed the residents performing the following tasks. Provide written comments on ways the resident can improve his/her inter-professional skills.

1. Which Unit is this evaluation from? \_\_\_\_\_

2. Unit chief: \_\_\_\_\_

3. Social Workers: \_\_\_\_\_

4. Nursing: \_\_\_\_\_

5. Care coordination: \_\_\_\_\_

6. Other members of health care team and roles: \_\_\_\_\_

7. COMMUNICATION SKILLS: Is available and responsive to the needs and concerns of patients, caregivers, and members of the inter-professional team. Consistently respectful in interactions with members of the inter-professional team, even in challenging situations.\*

Not yet assessed Unable to evaluate Did not assess	Rarely		Occasionally		Frequently		Ready for unsupervised practice Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please comment on communication skills. Describe what the resident is doing well and areas for improvement: \*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. TEAMWORK: Appreciated the roles and contributions of the other members of the health care team and incorporates that input into the plan of care as appropriate. Engages all members of the team to help facilitate the best patient care.\*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. Please comment on teamwork skills. Describe what the resident is doing well and areas for improvement: \*

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11. TRANSITIONS OF CARE: Care plans incorporate safe and effective transitions of care.\*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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12. Please comment on transition of care skills. Describe what the resident is doing well and areas for improvement: \*

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13. If there are areas of concern you would like the program leadership to be aware of please comment here. Comments in this area are not visible to the learner and will be kept confidential.

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