

**PEER EVALUATION OF CLINICAL ENCOUNTERS**

\_\_\_\_\_  
**Faculty Member (print name)**

	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Excellent</u>	<u>Not Applicable</u>	<u>Not Observed</u>
<i>(Circle Response)</i>							
1. Demonstration of patient centered model at all levels – history, PE, assessment and plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Timeliness and efficiency of rounds/clinic time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Productive use of interdisciplinary team/resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Incorporation of guidelines and evidenced-based medicine into clinical practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Involvement of patients and learners in the assessment and treatment plan process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Clarity of treatment plan developed with team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Communication to the patient of treatment plan, available resources and follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Enthusiasm for patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Awareness/review of practice specific quality indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Competency in use of EMR (notes, referrals, orders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Professional characteristics when interacting with patients and learners (maturity, respectfulness, encouragement, humility, responsiveness to questions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. OVERALL ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

General Comments: _____ _____ Strengths: _____ _____ Suggestions for improvement: _____ _____ _____
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\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Evaluator*

Setting of observation

- Hospital     ED  
 Out-patient clinic  
 Surgery  
 Non-Surgical Procedure  
 Other: \_\_\_\_\_

Participants in Encounter (mark all that apply)

- Patient                       Family  
 Other Faculty               Residents     Students  
 Health Care Team         Other: \_\_\_\_\_

I acknowledge that I have received a copy of this form: \_\_\_\_\_  
 Signature of Faculty Member