

Date: _____

Preceptor: _____

Resident: _____

Second Year Core Competencies Evaluation Form

Clinical Acumen

CA7. Implement the negotiated management plan.

			Competence	Mastery
No observable negotiations occurred during this visit.	Attempt made to negotiate the plan, but efforts were ineffectual.	Negotiation attempted, with limited success.	Clear effort made to negotiate with patient, with an obvious concrete impact made (i.e. patient appeared to understand and endorse plan).	Skillful and effective negotiations observed. Patient obviously understood, and agreed to follow, the plan. Patient was able to recite the essential elements of the plan, and expressed willingness to adhere to it.

☐ NOT ADDRESSED THIS SESSION

Comments _____

CA8. Inquire into, and discuss sensitive issues that may impact on the execution of the negotiated management plan.

			Competence	Mastery
No such inquiry observed.	Inquiry attempted, but appeared to be suboptimal; little/no discussion of impediments undertaken.	Basic inquiry made, but not in a manner that truly appeared to facilitate meaningful discussion of obstacles to the plan.	Adequate inquiry made, accompanied by a reasonable discussion of impediments to the plan's being carried out.	Skilled and sensitive discussion of the plan, and the patient's difficulties in following it, was conducted. Underlying issues were exposed and resolved.

☐ NOT ADDRESSED THIS SESSION

Comments _____

CA9. If indicated, assist the patient in arranging for appropriate medical and ancillary referrals that seek to resolve specific issues in the diagnostic or management arena.

			Competence	Mastery
Little-to-no effort was made to help patient in securing additional services.	Vague suggestions were offered, with little or no concrete information provided regarding the how to utilize those services.	Referral was discussed and patient was given basic information about how those resources may be utilized.	Referral discussed and patient was provided detailed information concerning how to utilize the referral information, as well as the referral resource.	Referral discussed and agreed upon by patient and doctor. Resident went the extra distance to enhance follow-through by making the initial phone call, or offered to write a letter to the specialist in question.

☐ NOT ADDRESSED THIS SESSION

Comments _____

Interpersonal Skills

IS1. Conduct an encounter that recognizes the primary patient needs and treats the patient as an appropriately equal health care partner.

			Competence	Mastery
Visit was focused on disease aspect, only. No discussion of the patient's subjective experience occurred.	Recent and remote history was obtained, as the resident made a cursory attempt to discuss the patient's experience of the disease.	Adequate interview conducted, with limited discussion of the patient's subjective experience included in the communications process.	Resident guided a competent, but compassionate, exploration of the patient's condition. Obvious interest displayed concerning how the patient is affected by the disease process.	Patient was engaged as a partner in both the exploration of his/her condition as well as in developing a plan of action. Resident displayed obvious, and genuine, interest in how the patient's life has been affected by his/her disease.

☐ NOT ADDRESSED THIS SESSION

Comments _____

IS2. Conduct an interview in a manner consistent with the values of family medicine utilizing appropriate verbal and non-verbal skills.

			Competence	Mastery
Resident relied on closed questions and/or used nonverbals that denigrated the communications process.	Resident displayed limited grasp of open-ended questioning, and active listening and/or displayed only rudimentary nonverbal skills	Verbal skills were minimally facilitative of the patient's open disclosure and/or resident's nonverbals were minimally inviting of further expression.	Resident demonstrated good question-asking skills, using open-ended questions when possible. Nonverbal style was mostly one of openness.	Nonverbals suggested genuine interest in patient's story, with an impressive blend of active listening skills, attention to patient emotive experience, and strategic use of body language to keep patient on-track.

☐ NOT ADDRESSED THIS SESSION

Comments _____

Organizational Skills

OS1. Incorporate the principles and practices of health maintenance into each patient care encounter where appropriate.

			Competence	Mastery
No observable effort noted in this area.	Minimal effort made to go through at least some of the mechanical steps within this area.	Basic skills and understanding were displayed regarding the principles and practice of health maintenance.	Resident has obvious understanding of these principles and practices, and made a laudable attempt to engage them in this visit.	Resident is clearly skilled in this area and demonstrated a measure of mastery in their use during this encounter.

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Comments _____

OS2. Review the biopsychosocial problem list at each visit and attend to appropriate longitudinal care issues.

			Competence	Mastery
Resident appeared to be oblivious to the patient's biopsychosocial circumstance.	Limited appreciation of the patient's biopsychosocial situation was displayed.	Resident seemed to have a basic grasp of the patient's biopsychosocial circumstance.	Solid appreciation of the patient's situation displayed the resident's underlying knowledge of the patient's life and circumstance.	Resident either reviewed the list, or is very familiar with the patient's life via continuity of care. The patient's current plight was obviously considered within the context of his/her overall lifestyle. Treatment was tailored to meet both long- and short-term goals.

☐ **NOT ADDRESSED THIS SESSION**

Comments _____

OS3. Conduct the visit in a time efficient and professional manner.

			Competence	Mastery
Encounter was inefficient and lengthy beyond reason. Poor organization of the visit contributed to the length of visit.	Resident had limited grasp of the process of the clinical encounter, thereby contributing to inefficiency and tardiness.	Visit occurred near its appointed time, and was relatively efficient.	Time management was acceptable, with some room for improvement noted. Visit was conducted at an acceptable level of professionalism.	Resident was prompt, courteous and efficient while simultaneously communicating his/her genuine interest in the patient. Resident was poised and confident, with a physical appearance of professionalism.

☐ **NOT ADDRESSED THIS SESSION**

Comments _____

