

# Clinical Encounter Rating Scales

Please circle the number corresponding to the residents' performance and return completed form to Nicky. Fax 604-875-4036

RESIDENT
DATE:

<b>Establishes Therapeutic Relationship (Com,Prof)</b>	1 unacceptable	2 inadequate	3 barely adequate For independant practice	4 adequate	5 outstanding
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<b>History – Elicits Relevant Information (Exp,Com)</b>	1 unacceptable	2 inadequate	3 barely adequate For independant practice	4 adequate	5 outstanding
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<b>History – Explores Relevant Determinants of Health (Exp, Adv)</b>	1 unacceptable	2 inadequate	3 barely adequate For independant practice	4 adequate	5 outstanding
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<b>Physical Examination – Respect For Patient Dignity (Prof)</b>	1 unacceptable	2 inadequate	3 barely adequate For independant practice	4 adequate	5 outstanding
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<b>Physical Examination Appropriately Performed (Exp)</b>	1 unacceptable	2 inadequate	3 barely adequate For independant practice	4 adequate	5 outstanding
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<b>Knowledge Required To Focus Assessment Of Patient Problem (Exp,Man)</b>	1 Unacceptable	2 inadequate	3 barely adequate For independant practice	4 adequate	5 outstanding
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<b>Communication Skills_(com)</b>	1 unacceptable	2 inadequate	3 barely adequate For independant practice	4 adequate	5 outstanding
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**Time Management (man)**

1	2	3	4	5
unacceptable	inadequate	barely adequate For independant practice	adequate	outstanding

**Investigations - Use of Resources (man, adv)**

1	2	3	4	5
unacceptable	inadequate	barely adequate For independant practice	adequate	outstanding

**Interpretation Of Test Results (exp)**

1	2	3	4	5
unacceptable	inadequate	barely adequate For independant practice	adequate	outstanding

**Management Plan – Appropriate Use Of  
Consultants and Other Health Care Staff  
(Exp, Coll, Man)**

1	2	3	4	5
unacceptable	inadequate	barely adequate	adequate	outstanding
			For independant practice	

**Management Plan – Appropriate Involvement  
Of Referring MD (coll)**

1	2	3	4	5
unacceptable	inadequate	barely adequate For independant practice	adequate	outstanding

**Response To Patient Concerns/Wishes  
(prof, com, adv)**

1	2	3	4	5
unacceptable	inadequate	barely adequate For independant practice	adequate	outstanding

**Management Plan – Overall\_(exp)**

1	2	3	4	5
unacceptable	inadequate	barely adequate For independant practice	adequate	outstanding

**Post-Encounter Oral Presentation:**

1	2	3	4	5
unacceptable	inadequate	barely adequate For independant practice	adequate	outstanding

**Knowledge (exp)**

1	2	3	4	5
unacceptable	inadequate	barely adequate For independant practice	adequate	outstanding

**Judgment (exp, man, adv)**

1	2	3	4	5
unacceptable	inadequate	barely adequate For independant practice	adequate	outstanding

**Communication with Observer (com,prof)**

1	2	3	4	5
unacceptable	inadequate	barely adequate For independant practice	adequate	outstanding

**COMMENTS (Please make comments on both good and bad aspects of resident performance):**

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**OVERALL GLOBAL SCALE**

**On this encounter, how would you rate this Residents' overall performance**

1	2	3	4	5
unacceptable	inadequate	barely adequate For independant practice	adequate	outstanding

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Surgeons' Signature