

 University of Alberta Family Medicine	Evaluated By: evaluator's name Evaluating : person (role) or moment's name (if applicable) Dates : start date to end date	
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* indicates a mandatory response

Family Medicine In-Training Evaluation Report: Family Medicine Residents

University of Alberta Department of Family Medicine

1. Observations of the resident while providing care **during Family Medicine** indicate:

Sentinel Habits

	Not Observed	Requires significant improvement to reach expected level	Requires some improvement to reach expected level	Meeting or exceeding expectations
*1) Generates relevant hypotheses resulting in a safe and prioritized differential diagnosis	☐	☐	☐	☐
*2) Manages patients using available best practices	☐	☐	☐	☐
*3) Selects and attends to the appropriate focus and priority in a situation	☐	☐	☐	☐
*4) Incorporates the patient's experience and context into problem identification and management	☐	☐	☐	☐
*5) Verbal or written communication is clear and timely	☐	☐	☐	☐
*6) Demonstrates respect and/or responsibility	☐	☐	☐	☐
*7) Uses generic key features when performing a procedure(Knows indications/contraindications, mentally rehearses, maintains patient comfort, arranges aftercare and knows potential complications)	☐	☐	☐	☐
*8) Seeks and uses feedback appropriately	☐	☐	☐	☐

2. If the setting provides opportunity to observe the resident teaching or involved with quality improvement:

	Not Observed	Requires significant improvement to reach expected level	Requires some improvement to reach expected level	Meeting or exceeding expectations
*1) Teaches to relevant and achievable objectives	☐	☐	☐	☐
*2) Participates with practice/quality improvement	☐	☐	☐	☐

Overall assessment of sentinel habits

	Major concerns, requires program attention (please describe in comments)	Pass with minor concerns (please describe in comments)	Pass
*Overall assessment:	☐	☐	☐

*Comments:

To assist with identifying appropriate learning opportunities, please see the link for the curriculum objectives related to this site/learning experience.

[Rotation Learning Objectives - Family Medicine Clinic](#)

The following will be displayed on forms where feedback is enabled...
(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?

☐ Yes

☐ No

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

☐ Yes

☐ No

*Are you in agreement with this assessment?

☐ Yes

☐ No

Please enter any comments you have(if any) on this evaluation.