CORD Standardized Direct Observational Assessment Tool
Emergency Medicine Outcomes Assessment

This assessment tool, the S-DOT, is designed to obtain objective data that supplements the assessment of the clinical competence of EM residents. This is accomplished through observation of residents during actual ED patient encounters. The S-DOT is designed to be a snapshot of clinical performance that can be performed frequently and easily to create a larger picture of resident competency.

Each item should be judged as either: "Needs Improvement for stage of training (**NI**)," "Meets Expectations for stage of training (**ME**)," "Above Expected for state of training (**AE**)," or "Not Assessed due to insufficient data (**NA**)." Thus the standard on any given item would be higher for a senior resident than for a junior resident. It would be anticipated that most residents are performing as expected. Any item that is marked **(NI)** should be further discussed in the comments section.

Resident's Name:	Date:
Evaluated by:	Level of Training: 1 2 3
Time spent (approximate, in minutes):	# of patients encounters observed:
Patient complaints:	

	NI	ME	AE	N/A	Category
History and Physical					
1. Introduces self, appears professional, and efficiently establishes a respectful and effective therapeutic relationship with patient and patient's family.					ICS, PR
2. Respectful of patient's privacy					PC, PR
3. Appropriately uses language translation personnel when indicated.					ICS
4. Resident communicates effectively with EMS both before and/or at patient arrival to obtain pre-hospital history					ICS, SBP
5. Gathers essential and accurate information from all available sources in a timely manner					PC, SBP
6. Performs a physical exam appropriate for the presenting complaint					PC
Management					
7. Prioritizes patients appropriately by acuity and waiting time					SBP
8. Appears to understand the pathologic basis for management decisions.					MK
9. Presents the patient clearly and concisely to the attending verbalizing an appropriate differential, course of action, response to therapeutic interventions, and disposition.					MK, PC
10. Uses technology efficiently to manage and access patient medical information.					PBL, SBP
11. Sequences critical actions in patient care.					MK
12. Clearly understands and verbalizes indications and contraindications of a procedure.					MK
13. Competently performs a procedure, demonstrating knowledge of anatomy and observant of inherent risks.					MK, PC

CORD S-DOT

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	NI	ME	AE	N/A	Category
14. Facilitates and supervises the learning of students, colleagues and other health care professionals.					PBL, SBP
15. Communicates with staff in a manner that is clear, concise, and professional.					ICS, PR
16. Anticipates, negotiates, and resolves conflicts effectively					ICS, SBP, PR
17. The resident maintains confidentiality.					PR
18. The resident discusses the ED work up and plan with the patient and family and updates them during their stay (results, delays), acting as an advocate.					PR, SBP
19. Clinical charting is timely, legible, succinct and free of personal bias or inappropriate comments.					PC, PR
20. Resident arranges patient work-up in view of possibilities and limitations of health care system.					SBP
21. Resident arranges patient work-up in view of patient's social constraints					SBP
22. Resident is able to handle multiple tasks simultaneously while maintaining patient care priorities					SBP
23. Uses resources such as social work and financial aid effectively					SBP
24. Makes informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgment					PC
25. Reevaluates patient after diagnostic or therapeutic intervention					PC
26. Documents reassessment and response to therapeutic intervention.					PC
Disposition					
27. Discharge and follow-up instructions verbalized to patient including anticipatory guidance appropriate to the chief complaint					PC, ICS
28. Carries out appropriate discharge/admission/transfer plan, including notification of accepting MD, and PMD as indicated					PC, SBP
29. The resident is able to self-critique his/her actions and takes responsibility for them.					PR, PBL
30. Arranges patient follow-up with an understanding of outpatient resources.					SBP
31. Arranges patient follow-up with an understanding of patient limitation.					SBP

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1. Emergency Stabilization (PC1)

Prioritizes critical initial stabilization action and mobilizes hospital support services in the resuscitation of a critically ill or injured patient and reassesses after stabilizing intervention.									
Level 1		Level 2		Level 3		Level 4		Level 5	
Recognizes abnormal vital signs		Recognizes when a patient is unstable requiring immediate intervention Performs a primary assessment on a critically ill or injured patient Discerns relevant data to formulate a diagnostic impression and plan		Manages and prioritizes critically ill or injured patients Prioritizes critical initial stabilization actions in the resuscitation of a critically ill or injured patient Reassesses after implementing a stabilizing intervention Evaluates the validity of a DNR order		Recognizes in a timely fashion when further clinical intervention is futile Integrates hospital support services into a management strategy for a problematic stabilization situation		Develops policies and protocols for the management and/or transfer of critically ill or injured patients	
○	○	○	○	○	○	○	○	○	○
Comments:									

2. Performance of Focused History and Physical Exam (PC2)

Abstracts current findings in a patient with multiple chronic medical problems and, when appropriate, compares with a prior medical record and identifies significant differences between the current presentation and past presentations									
Level 1		Level 2		Level 3		Level 4		Level 5	
Performs and communicates a reliable, comprehensive history and physical exam		Performs and communicates a focused history and physical exam which effectively addresses the chief complaint and urgent patient issues		Prioritizes essential components of a history given a limited or dynamic circumstance Prioritizes essential components of a physical examination given a limited or dynamic circumstance		Synthesizes essential data necessary for the correct management of patients using all potential sources of data		Identifies obscure, occult or rare patient conditions based solely on historical and physical exam findings	
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Comments:									

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3. Diagnostic Studies (PC3)

Level 1		Level 2		Level 3		Level 4		Level 5	
Determines the necessity of diagnostic studies		Orders appropriate diagnostic Studies Performs appropriate bedside diagnostic studies and procedures		Prioritizes essential testing Interprets results of a diagnostic study, recognizing limitations and risks, seeking interpretive assistance when appropriate Reviews risks, benefits, contraindications, and alternatives to a diagnostic study or procedure		Uses diagnostic testing based on the pre-test probability of disease and the likelihood of test results altering management Practices cost effective ordering of diagnostic studies Understands the implications of false positives and negatives for post-test probability		Discriminates between subtle and/or conflicting diagnostic results in the context of the patient presentation	
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Comments:

4. Diagnosis (PC4)

Based on all of the available data, narrows and prioritizes the list of weighted differential diagnoses to determine appropriate management

Level 1		Level 2		Level 3		Level 4		Level 5	
Constructs a list of potential diagnoses based on chief complaint and initial assessment		Constructs a list of potential diagnoses, based on the greatest likelihood of occurrence Constructs a list of potential diagnoses with the greatest potential for morbidity or mortality		Uses all available medical information to develop a list of ranked differential diagnoses including those with the greatest potential for morbidity or mortality Correctly identifies "sick versus not sick" patients Revises a differential diagnosis in response to changes in a patient's course over time		Synthesizes all of the available data and narrows and prioritizes the list of weighted differential diagnoses to determine appropriate management		Uses pattern recognition to identify discriminating features between similar patients and avoids premature closure	
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Comments:

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5. Pharmacotherapy (PC5)

Selects and prescribes, appropriate pharmaceutical agents based upon relevant considerations such as mechanism of action, intended effect, financial considerations, possible adverse effects, patient preferences, allergies, potential drug-food and drug-drug interactions, institutional policies, and clinical guidelines; and effectively combines agents and monitors and intervenes in the advent of adverse effects in the ED								
Level 1		Level 2		Level 3		Level 4		Level 5
Knows the different classifications of pharmacologic agents and their mechanism of action. Consistently asks patient for drug allergies		Applies medical knowledge for selection of appropriate agent for therapeutic intervention Considers potential adverse effects of pharmacotherapy		Considers array of drug therapy for treatment. Selects appropriate agent based on mechanism of action, intended effect, and anticipates potential adverse side effects Considers and recognizes potential drug to drug interactions		Selects the appropriate agent based on mechanism of action, intended effect, possible adverse effects, patient preferences, allergies, potential drug-food and drug-drug interactions, financial considerations, institutional policies, and clinical guidelines, including patient's age, weight, and other modifying factors		Participates in developing institutional policies on pharmacy and therapeutics
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Comments:								

6. Observation and Reassessment (PC6)

Re-evaluates patients undergoing ED observation (and monitoring) and using appropriate data and resources, determines the differential diagnosis and, treatment plan, and disposition.								
Level 1		Level 2		Level 3		Level 4		Level 5
Recognizes the need for patient re-evaluation		Monitors that necessary therapeutic interventions are performed during a patient's ED stay		Identifies which patients will require observation in the ED Evaluates effectiveness of therapies and treatments provided during observation Monitors a patients' clinical status at timely intervals during their stay in the ED		Considers additional diagnoses and therapies for a patient who is under observation and changes treatment plan accordingly Identifies and complies with federal and other regulatory requirements, including billing, which must be met for a patient who is under observation		Develops protocols to avoid potential complications of interventions and therapies
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Comments:								

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7. Disposition (PC7)

Establishes and implements a comprehensive disposition plan that uses appropriate consultation resources; patient education regarding diagnosis; treatment plan; medications; and time and location specific disposition instructions.								
Level 1		Level 2		Level 3		Level 4		Level 5
Describes basic resources available for care of the emergency department patient		Formulates a specific follow-up plan for common ED complaints with appropriate resource utilization		Formulates and provides patient education regarding diagnosis, treatment plan, medication review and PCP/consultant appointments for complicated patients Involves appropriate resources (e.g. PCP, consultants, social work, PT/OT, financial aid, care coordinators) in a timely manner Makes correct decision regarding admission or discharge of patients Correctly assigns admitted patients to an appropriate level of care (ICU/Telemetry/Floor/ Observation Unit)		Formulates sufficient admission plans or discharge instructions including future diagnostic/therapeutic interventions for ED patients Engages patient or surrogate to effectively implement a discharge plan		Works within the institution to develop hospital systems that enhance safe patient disposition and maximizes resource utilization
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Comments:								

8. Multi-tasking (Task-switching) (PC8)

Employs task switching in an efficient and timely manner in order to manage the ED								
Level 1		Level 2		Level 3		Level 4		Level 5
Manages a single patient amidst distractions		Task switches between different patients		Employs task switching in an efficient and timely manner in order to manage multiple patients		Employs task switching in an efficient and timely manner in order to manage the ED		Employs task switching in an efficient and timely manner in order to manage the ED under high volume or surge situations
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Comments:								

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9. General Approach to Procedures (PC9)

Performs the indicated procedure on all appropriate patients (including those who are uncooperative, at the extremes of age, hemodynamically unstable and those who have multiple co-morbidities, poorly defined anatomy, high risk for pain or procedural complications, sedation requirement), takes steps to avoid potential complications, and recognizes the outcome and/ or complications resulting from the procedure

Level 1		Level 2		Level 3		Level 4		Level 5	
Identifies pertinent anatomy and physiology for a specific procedure Uses appropriate UniversalPrecautions		Performs patient assessment, obtains informed consent and ensures monitoring equipment is in place in accordance with patient safety standards Knows indications, contraindications, anatomic landmarks, equipment, anesthetic and procedural technique, and potential complications for common ED procedures Performs the indicated common procedure on a patient with moderate urgency who has identifiable landmarks and a low-moderate risk for complications Performs post-procedural assessment and identifies any potential complications		Determines a backup strategy if initial attempts to perform a procedure are unsuccessful Correctly interprets the results of a diagnostic procedure		Performs indicated procedures on any patients with challenging features (e.g. poorly identifiable landmarks, at extremes of age or with co-morbid conditions) Performs the indicated procedure, takes steps to avoid potential complications, and recognizes the outcome and/or complications resulting from the procedure		Teaches procedural competency and corrects mistakes	
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Comments:									

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10. Airway Management (PC10)

Performs airway management on all appropriate patients (including those who are uncooperative, at the extremes of age, hemodynamically unstable and those who have multiple co-morbidities, poorly defined anatomy, high risk for pain or procedural complications, sedation requirement), takes steps to avoid potential complications, and recognize the outcome and/ or complications resulting from the procedure

Level 1		Level 2		Level 3		Level 4		Level 5	
Describes upper airway anatomy Performs basic airway maneuvers or adjuncts (jaw thrust / chin lift / oral airway / nasopharyngeal airway) and ventilates/oxygenates patient using BVM		Describes elements of airway assessment and indications impacting the airway management Describes the pharmacology of agents used for rapid sequence intubation including specific indications and contraindications Performs rapid sequence intubation in patients without adjuncts Confirms proper endotracheal tube placement using multiple modalities		Uses airway algorithms in decision making for complicated patients employing airway adjuncts as indicated Performs rapid sequence intubation in patients using airway adjuncts Implements post-intubation management Employs appropriate methods of mechanical ventilation based on specific patient physiology		Performs airway management in any circumstance taking steps to avoid potential complications, and recognizes the outcome and/or complications resulting from the procedure Performs a minimum of 35 intubations Demonstrates the ability to perform a cricothyrotomy Uses advanced airway modalities in complicated patients		Teaches airway management skills to health care providers	
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Comments:									

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11. Anesthesia and Acute Pain Management (PC11)

Provides safe acute pain management, anesthesia, and procedural sedation to patients of all ages regardless of the clinical situation									
Level 1		Level 2		Level 3		Level 4		Level 5	
Discusses with the patient indications, contraindications and possible complications of local anesthesia Performs local anesthesia using appropriate doses of local anesthetic and appropriate technique to provide skin to sub-dermal anesthesia for procedures		Knows the indications, contraindications, potential complications and appropriate doses of analgesic / sedative medications Knows the anatomic landmarks, indications, contraindications, potential complications and appropriate doses of local anesthetics used for regional anesthesia		Knows the indications, contraindications, potential complications and appropriate doses of medications used for procedural sedation Performs patient assessment and discusses with the patient the most appropriate analgesic/sedative medication and administers in the most appropriate dose and route Performs pre-sedation assessment, obtains informed consent and orders appropriate choice and dose of medications for procedural sedation Obtains informed consent and correctly performs regional anesthesia Ensures appropriate monitoring of patients during procedural sedation		Performs procedural sedation providing effective sedation with the least risk of complications and minimal recovery time through selective dosing, route and choice of medications		Develops pain management protocols/care plans	
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Comments:									

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12. Other Diagnostic and Therapeutic Procedures: Goal-directed Focused Ultrasound (Diagnostic / Procedural) (PC12)

Uses goal-directed focused Ultrasound for the bedside diagnostic evaluation of emergency medical conditions and diagnoses, resuscitation of the acutely ill or injured patient, and procedural guidance									
Level 1		Level 2		Level 3		Level 4		Level 5	
Describes the indications for emergency ultrasound		Explains how to optimize ultrasound images and Identifies the proper probe for each of the focused ultrasound applications Performs an eFAST		Performs goal-directed focused ultrasound exams Correctly interprets acquired images		Performs a minimum of 150 focused ultrasound examinations		Expands ultrasonography skills to include: advanced echo, TEE, bowel, adnexal and testicular pathology, and transcranial Doppler	
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Comments:									

13. Other Diagnostic and Therapeutic Procedures: Wound Management (PC13)

Assesses and appropriately manages wounds in patients of all ages regardless of the clinical situation									
Level 1		Level 2		Level 3		Level 4		Level 5	
Prepares a simple wound for suturing (identify appropriate suture material, anesthetize wound and irrigate) Demonstrates sterile technique Places a simple interrupted suture		Uses medical terminology to clearly describe/classify a wound (e.g. stellate, abrasion, avulsion, laceration, deep vs superficial) Classifies burns with respect to depth and body surface area Compares and contrasts modes of wound management (adhesives, steri-strips, hair apposition, staples) Identifies wounds that require antibiotics or tetanus prophylaxis Educates patients on appropriate outpatient management of their wound		Performs complex wound repairs (deep sutures, layered repair, corner stitch) Manages a severe burn Determines which wounds should not be closed primarily Demonstrates appropriate use of consultants Identifies wounds that may be high risk and require more extensive evaluation (example: x-ray, ultrasound, and/or exploration)		Achieves hemostasis in a bleeding wound using advanced techniques such as: cautery, ligation, deep suture, injection, topical hemostatic agents, and tourniquet Repairs wounds that are high risk for cosmetic complications (such as eyelid margin, nose, ear) Describes the indications for and steps to perform an escharotomy		Performs advanced wound repairs, such as tendon repairs and skin flaps	
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Comments:									

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14. Other Diagnostic and Therapeutic Procedures: Vascular Access (PC14)

Successfully obtains vascular access in patients of all ages regardless of the clinical situation									
Level 1		Level 2		Level 3		Level 4		Level 5	
Performs a venipuncture Places a peripheral intravenous line Performs an arterial puncture		Describes the indications, contraindications, anticipated undesirable outcomes and complications for the various vascular access modalities Inserts an arterial catheter Assesses the indications in conjunction with the patient anatomy/pathophysiology and select the optimal site for a central venous catheter Inserts a central venous catheter using ultrasound and universal precautions Confirms appropriate placement of central venous catheter Performs intraosseous access		Inserts a central venous catheter without ultrasound when appropriate Places an ultrasound guided deep vein catheter (e.g. basilic, brachial, and cephalic veins)		Successfully performs 20 central venous lines Routinely gains venous access in patients with difficult vascular access		Teaches advanced vascular access techniques	
○	○	○	○	○	○	○	○	○	○
Comments:									

15. Medical Knowledge (MK)

Demonstrates appropriate medical knowledge in the care of emergency medicine patients									
Level 1		Level 2		Level 3		Level 4		Level 5	
Passes initial national licensing examinations, e.g. USMLE Step 1 and Step2 or COMLEX Level 1 and Level 2		Resident develops and completes a self-assessment plan based on the intraining examination results. Completes objective residency training program examinations and/or assessments at an acceptable score for specific rotations		Demonstrates improvement of the percentage correct on the intraining examination or maintain an acceptable percentile ranking		Obtains a score on the annual intraining examination that indicates a high likelihood of passing the national qualifying examinations Successfully completes all objective residency training program examinations and/or assessments Passes final national licensing examination (e.g. USMLE Step3 or COMLEX Level 3)		Passes ABEM certifying examinations Meets all the requirements for the ABEM Maintenance of Certification program set forth by national certifying agency	
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Comments:									

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16. Patient Safety (SBP1)

Participates in performance improvement to optimize patient safety.								
Level 1		Level 2		Level 3		Level 4		Level 5
Adheres to standards for maintenance of a safe working environment Describes medical errors and adverse events		Routinely uses basic patient safety practices, such as time-outs and 'calls for help'		Describes patient safety concepts Employs processes (e.g. checklists, SBAR), personnel, and technologies that optimizes patient safety *SBAR = Situation – Background – Assessment - Recommendation Appropriately uses system resources to improve both patient care and medical knowledge		Participates in an institutional process improvement plan to optimize ED practice and patient safety Leads team reflection such as code debriefings, root cause analysis, or M&M to improve ED performance Identifies situations when the breakdown in teamwork or communication may contribute to medical error		Uses analytical tools to assess healthcare quality and safety and reassess quality improvement programs for effectiveness for patients and for populations Develops and evaluates measures of professional performance and process improvement and implements them to improve departmental practice
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Comments:								

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17. Systems-based Management (SBP2)

Participates in strategies to improve healthcare delivery and flow. Demonstrates an awareness of and responsiveness to the larger context and system of health care.				
Level 1	Level 2	Level 3	Level 4	Level 5
Describes members of ED team (e.g. nurses, technicians, security)	Mobilizes institutional resources to assist in patient care Participates in patient satisfactioninitiatives	Practices cost-effective care Demonstrates the ability to call effectively on other resources in the system to provide optimal health care	Participates in processes and logistics to improve patient flow and decrease turnaround times (e.g., rapid triage, bedside registration, Fast Tracks, bedside testing, rapid treatment units, standard protocols, and observation units) Recommends strategies by which patients' access to care can be improved Coordinates system resources to optimize a patient's care for complicated medical situations	Creates departmental flow metric from benchmarks, best practices, and dash boards Develops internal and external departmental solutions to process and operational problems Addresses the differing customer needs of patients, hospital medical staff, EMS, and the community
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Comments:								

18. Technology (SBP3)

Uses technology to accomplish and document safe healthcare delivery				
Level 1	Level 2	Level 3	Level 4	Level 5
Uses the Electronic Health Record (EHR) to order tests, medications and document notes, and respond to alerts Reviews medications for patients	Ensures that medical records are complete, with attention to preventing confusion and error Effectively and ethically uses technology for patient care, medical communication and learning	Recognizes the risk of computer shortcuts and reliance upon computer information on accurate patient care and documentation	Uses decision support systems in EHR (as applicable in institution)	Recommends systems re-design for improved computerized processes
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Comments:								

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19. Practice-based Performance Improvement (PBLI)

Participates in performance improvement to optimize ED function, self-learning, and patient care								
Level 1		Level 2		Level 3		Level 4		Level 5
Describes basic principles of evidence-based medicine		Performs patient follow-up		Performs self-assessment to identify areas for continued selfimprovement and implements learning plans Continually assesses performance by evaluating feedback and assessment Demonstrates the ability to critically appraise scientific literature and apply evidence-based medicine to improve one's individual performance		Applies performance improvement methodologies Demonstrates evidenced-based clinical practice and information retrieval mastery Participates in a process improvement plan to optimize ED practice		Independently teaches evidenced-based medicine and information mastery techniques
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Comments:								

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20. Professional values (PROF1)

Demonstrates compassion, integrity, and respect for others as well as adherence to the ethical principles relevant to the practice of medicine									
Level 1		Level 2		Level 3		Level 4		Level 5	
Demonstrates behavior that conveys caring, honesty, genuine interest and tolerance when interacting with a diverse population of patients and families		Demonstrates an understanding of the importance of compassion, integrity, respect, sensitivity and responsiveness and exhibits these attitudes consistently in common / uncomplicated situations and with diverse populations		Recognizes how own personal beliefs and values impact medical care; consistently manages own values and beliefs to optimize relationships and medical care Develops alternate care plans when patients' personal decisions/beliefs preclude the use of commonly accepted practices		Develops and applies a consistent and appropriate approach to evaluating appropriate care, possible barriers and strategies to intervene that consistently prioritizes the patient's best interest in all relationships and situations Effectively analyzes and manages ethical issues in complicated and challenging clinical situations		Develops institutional and organizational strategies to protect and maintain professional and bioethical principles	
○	○	○	○	○	○	○	○	○	○
Comments:									

21. Accountability (PROF2)

Demonstrates accountability to patients, society, profession and self									
Level 1		Level 2		Level 3		Level 4		Level 5	
Demonstrates basic professional responsibilities such as timely reporting for duty, appropriate dress/ grooming, rested and ready to work, delivery of patient care as a functional physician Maintains patient confidentially Uses social media ethically and responsibly Adheres to professional responsibilities, such as conference attendance, timely chart completion, duty hour reporting, procedure reporting		Identifies basic principles of physician wellness, including sleep hygiene Consistently recognizes limits of knowledge in common and frequent clinical situations and asks for assistance Demonstrates knowledge of alertness management and fatigue mitigation principles		Consistently recognizes limits of knowledge in uncommon and complicated clinical situations; develops and implements plans for the best possible patient care Recognizes and avoids inappropriate influences of marketing and advertizing		Can form a plan to address impairment in one's self or a colleague, in a professional and confidential manner Manages medical errors according to principles of responsibility and accountability in accordance with institutional policy		Develops institutional and organizational strategies to improve physician insight into and management of professional responsibilities Trains physicians and educators regarding responsibility, wellness, fatigue, and physician impairment	
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Comments:									

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22. Patient Centered Communication (ICS1)

Demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.

Level 1	Level 2	Level 3	Level 4	Level 5
Establishes rapport with and demonstrate empathy toward patients and their families Listens effectively to patients and their families	Elicits patients' reasons for seeking health care and expectations from the ED visit Negotiates and manages simple patient/family-related conflicts	Manages the expectations of those who receive care in the ED and uses communication methods that minimize the potential for stress, conflict, and misunderstanding Effectively communicates with vulnerable populations, including both patients at risk and their families	Uses flexible communication strategies and adjusts them based on the clinical situation to resolve specific ED challenges, such as drug seeking behavior, delivering bad news, unexpected outcomes, medical errors, and high risk refusal-of-care patients	Teaches communication and conflict management skills Participates in review and counsel of colleagues with communication deficiencies

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Comments:

23. Team Management (ICS2)

Leads patient-centered care teams, ensuring effective communication and mutual respect among members of the team.

Level 1	Level 2	Level 3	Level 4	Level 5
Participates as a member of a patient care team	Communicates pertinent information to emergency physicians and other healthcare colleagues	Develops working relationships across specialties and with ancillary staff Ensures transitions of care are accurately and efficiently communicated Ensures clear communication and respect among team members	Recommends changes in team performance as necessary for optimal efficiency Uses flexible communication strategies to resolve specific ED challenges such as difficulties with consultants and other health care providers Communicates with out-of-hospital and nonmedical personnel, such as police, media, hospital administrators	Participates in and leads interdepartmental groups in the patient setting and in collaborative meetings outside of the patient care setting Designs patient care teams and evaluates their performance Seeks leadership opportunities within professional organizations

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Comments:

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Circle best description of overall clinical competence for this patient encounter

Needs Improvement   **Meets Expectations**   **Above Expectations**

Summary Comments (Evaluator):

Resident Comments (Optional):

_____   _____
Signature (Evaluator)   **Date**

_____   _____
Signature (Resident)   **Date**