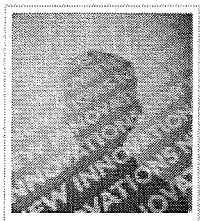


Department of Physical Medicine & Rehabilitation  
 Consultation Service Initial Evaluation



**[Subject Name]**  
 [Subject Status]  
 [Subject Program]  
**[Subject Rotation]**  
 [Evaluation Dates]

Evaluator  


---

**[Evaluator Name]**  
 [Evaluator Status]  
 [Evaluator Program]

**PATIENT CARE**

**General Skills**

Proficient at obtaining history needed for diagnosis and treatment of impairment, medical issues and appropriate treatment setting for patients seen in consultation

Superior	Excellent	Good	Unsatisfactory	N/A
4	3	2	1	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Lacks proficiency and is unable to obtain appropriate history

Proficient at performing a physical examination detailing sources of impairment, identifying medical problems and potential secondary application

Superior	Excellent	Good	Unsatisfactory	N/A
4	3	2	1	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PHYSIATRIC SKILLS**

Proficient at identifying functional deficits, sources of impairment and performing functional evaluation

Superior	Excellent	Good	Unsatisfactory	N/A
4	3	2	1	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is unable to identify functional deficits impairments and perform a functional evaluation

Proficient at determining appropriate functional goals

Superior	Excellent	Good	Unsatisfactory	N/A
4	3	2	1	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Unable to formulate appropriate functional goals

Proficient at constructing an exercise and modality prescription

Superior	Excellent	Good	Unsatisfactory	N/A
4	3	2	1	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Unable to construct an exercise/modality prescription

Prioritizes rehabilitation goals and medical issues to formulate a treatment plan

Superior	Excellent	Good	Unsatisfactory	N/A
4	3	2	1	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Unable to prioritize goals and medical issues to effectively formulate a treatment plan

**CLINICAL JUDGMENT**

Able to utilize patient data, order and interpret laboratory information to formulate a logical differential diagnosis and treatment plan

Superior	Excellent	Good	Unsatisfactory	N/A
4	3	2	1	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Unable to utilize and interpret patient data and information

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Requests appropriate supervision or use of consultants in patient care      Fails to recognize when consultation and supervision is needed

Superior 4 <input type="radio"/>	Excellent 3 <input type="radio"/>	Good 2 <input type="radio"/>	Unsatisfactory 1 <input type="radio"/>	N/A <input type="radio"/>
--	---	------------------------------------	--	------------------------------

**MEDICAL KNOWLEDGE**

**General Knowledge**

Exhibits an exceptional fund of medical knowledge based on discussion, the medical record and patient care issues      Limited general medical knowledge

Superior 4 <input type="radio"/>	Excellent 3 <input type="radio"/>	Good 2 <input type="radio"/>	Unsatisfactory 1 <input type="radio"/>	N/A <input type="radio"/>
--	---	------------------------------------	--	------------------------------

Integrates general medical knowledge into clinical decision making      Does not integrate medical knowledge into clinical decision making

Superior 4 <input type="radio"/>	Excellent 3 <input type="radio"/>	Good 2 <input type="radio"/>	Unsatisfactory 1 <input type="radio"/>	N/A <input type="radio"/>
--	---	------------------------------------	--	------------------------------

**PHYSIATRIC KNOWLEDGE**

Have you begun to review the medical knowledge needed for this resident to provide competent medical care during consultation as outlined in the learning objectives.

Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>
------------------------------	-----------------------------	------------------------------

**PRACTICE BASED LEARNING AND IMPROVEMENT**

Accepts feedback and incorporates it into practice      Resistant to feedback

Superior 4 <input type="radio"/>	Excellent 3 <input type="radio"/>	Good 2 <input type="radio"/>	Unsatisfactory 1 <input type="radio"/>	N/A <input type="radio"/>
--	---	------------------------------------	--	------------------------------

**INTERPERSONAL AND COMMUNICATION SKILLS**

Medical records are complete, timely and legible      Medical records are incomplete, tardy and illegible

Superior 4 <input type="radio"/>	Excellent 3 <input type="radio"/>	Good 2 <input type="radio"/>	Unsatisfactory 1 <input type="radio"/>	N/A <input type="radio"/>
--	---	------------------------------------	--	------------------------------

**PROFESSIONALISM**

Is reliable and punctual      Unreliable and tardy

Superior 4 <input type="radio"/>	Excellent 3 <input type="radio"/>	Good 2 <input type="radio"/>	Unsatisfactory 1 <input type="radio"/>	N/A <input type="radio"/>
--	---	------------------------------------	--	------------------------------

Accepts responsibility for his/her actions      Does not accept responsibility for actions

Superior 4 <input type="radio"/>	Excellent 3 <input type="radio"/>	Good 2 <input type="radio"/>	Unsatisfactory 1 <input type="radio"/>	N/A <input type="radio"/>
--	---	------------------------------------	--	------------------------------

**SYSTEMS BASED PRACTICE**

Evaluates risks, benefits, limitations and costs of diagnostic and therapeutic interventions      Will order diagnostic and therapeutic intervention without considering risks, benefits or costs

Superior 4 <input type="radio"/>	Excellent 3 <input type="radio"/>	Good 2 <input type="radio"/>	Unsatisfactory 1 <input type="radio"/>	N/A <input type="radio"/>
--	---	------------------------------------	--	------------------------------

Works within the larger health care system to efficiently and effectively maximize outcomes

Practice without consideration of the larger health care system

Superior

Excellent

Good

Unsatisfactory

N/A

4

3

2

1

**SUPERVISION**

This resident requires no supervision in the daily management of patients

This resident requires continuous supervision for all decisions in the management of patients

Never

Sometimes

Regularly

Always

N/A

1

2

3

4

**GENERAL**

Are there performance issues that may impact successful completion of this rotation? If YES, contact Program Director

Yes

No

N/A

Comments

Remaining Characters: 5,000

[Return to Questionnaire List](#)