

Resident Name: \_\_\_\_\_ Rotation: \_\_\_\_\_ Date: \_\_\_\_\_

**PM&R RESIDENT OBSERVATION & COMPETENCY ASSESSMENT (RO&CA)**

**Instructions for Evaluator**

The RO&CA evaluation is a brief (10-20 minute) spot check of resident clinical skills followed by immediate feedback. Directly observe a focused exam, a complete exam, a procedure or other resident-patient encounter, or a formal teaching experience by the resident with students or other health care professionals. Complete the assessment and give feedback to the resident immediately after the observation. Base your evaluation on only 1 observation, not on a composite of encounters. It is not necessary to observe and rate all these competencies during the evaluation.

<b>Patient diagnosis (for this observation):</b> _____ <b>Inpatient</b> _____ <b>Outpatient</b> _____ <b>Consult</b> _____ <b>EMG</b> _____ <b>Procedure</b> _____	<b>N/A=not assessed</b> <b>1=unsatisfactory</b> <b>2=satisfactory</b> <b>3=very good</b> <b>4=excellent</b>
<b>PATIENT CARE</b>	
<b>Interviewing Skills:</b> gathers essential and accurate information that identifies impairments/diagnoses and functional impact on patient; efficient	N/A   1   2   3   4
<b>Physical Exam Skills:</b> proficient, thorough, elicits subtle findings; sensitive to patient comfort and modesty  Complete exam _____    Focused exam: check all that apply Neuro exam _____    MMT _____    Spine exam _____    Upper limb mus/skel _____ Mental Status exam _____    ROM _____    Neck exam _____    Lower limb mus/skel _____ ASIA exam (SCI) _____    Mobility/gait _____    Other (specify) _____	N/A   1   2   3   4
<b>Procedure Skills:</b> proficient; safe; uses equipment correctly; minimizes patient risk or discomfort  Procedure observed (e.g. electrodiagnosis, injection): _____	N/A   1   2   3   4
<b>PROFESSIONALISM</b>	
<b>Informed consent:</b> obtains informed consent including explanation of risks, benefits, and alternate methods of treatment prior to procedures	N/A   1   2   3   4
<b>Sensitivity:</b> demonstrates sensitivity and responsiveness to patient's culture, age, gender, disability, and tolerance to exam/procedure	N/A   1   2   3   4
<b>INTERPERSONAL AND COMMUNICATION SKILLS</b>	
<b>Relationship Management:</b> forms positive relationships and effectively communicates with patients, families, staff; educates patients; facilitates family meetings; manages conflicts; leads complex discussions; expert in complex relationship management	N/A   1   2   3   4
<b>Information Gathering and Sharing:</b> understands benefits and pitfalls of information technology; accurate medical records; clinical reasoning demonstrated in records; effectively integrates information; medical records comply with regulatory requirements; expert in communication technology	N/A   1   2   3   4
<b>SYSTEMS-BASED PRACTICE</b>	
<b>Efficient use of resources:</b> develops cost effective diagnostic or treatment or discharge plan of care, using services in the continuum of care; does not compromise quality of care	N/A   1   2   3   4
<b>PRACTICE BASED LEARNING AND IMPROVEMENT</b>	
<b>Teaching skills:</b> facilitates the learning of students and other health care professionals  Title of resident presentation observation: _____	N/A   1   2   3   4

**Strengths or Areas Needing Improvement: For scores of 1, comments must include areas for remediation.**

Both attending and resident should rate their satisfaction with the value and use of this observation and assessment.

**Attending Signature:** \_\_\_\_\_ **Satisfaction Rating: (Low) 1      2      3      4      5 (High)**

**Resident Signature:** \_\_\_\_\_ **Satisfaction Rating: (Low) 1      2      3      4      5 (High)**