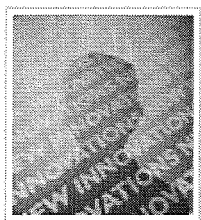


Department of Physical Medicine & Rehabilitation  
 Consultation Service Initial Evaluation



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

Evaluator  


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**[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 4 <input type="radio"/>	Excellent 3 <input type="radio"/>	Good 2 <input type="radio"/>	Unsatisfactory 1 <input type="radio"/>	N/A <input type="radio"/>
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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 4 <input type="radio"/>	Excellent 3 <input type="radio"/>	Good 2 <input type="radio"/>	Unsatisfactory 1 <input type="radio"/>	N/A <input type="radio"/>
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**PHYSIATRIC SKILLS**

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

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"/>
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Is unable to identify functional deficits impairments and perform a functional evaluation

Proficient at determining appropriate functional goals

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"/>
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Unable to formulate appropriate functional goals

Proficient at constructing an exercise and modality prescription

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"/>
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Unable to construct an exercise/modality prescription

Prioritizes rehabilitation goals and medical issues to formulate a treatment plan

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"/>
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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 4 <input type="radio"/>	Excellent 3 <input type="radio"/>	Good 2 <input type="radio"/>	Unsatisfactory 1 <input type="radio"/>	N/A <input type="radio"/>
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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	Excellent 3	Good 2	Unsatisfactory 1	N/A	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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	Excellent 3	Good 2	Unsatisfactory 1	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrates general medical knowledge into clinical decision making	Does not integrate medical knowledge into clinical decision making			
Superior 4	Excellent 3	Good 2	Unsatisfactory 1	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>
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**PRACTICE BASED LEARNING AND IMPROVEMENT**

Accepts feedback and incorporates it into practice	Resistant to feedback			
Superior 4	Excellent 3	Good 2	Unsatisfactory 1	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**INTERPERSONAL AND COMMUNICATION SKILLS**

Medical records are complete, timely and legible	Medical records are incomplete, tardy and illegible			
Superior 4	Excellent 3	Good 2	Unsatisfactory 1	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PROFESSIONALISM**

Is reliable and punctual	Unreliable and tardy			
Superior 4	Excellent 3	Good 2	Unsatisfactory 1	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accepts responsibility for his/her actions	Does not accept responsibility for actions			
Superior 4	Excellent 3	Good 2	Unsatisfactory 1	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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	Excellent 3	Good 2	Unsatisfactory 1	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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](#)