

## Medical Resident Shift Feedback Card – Emergency Medicine

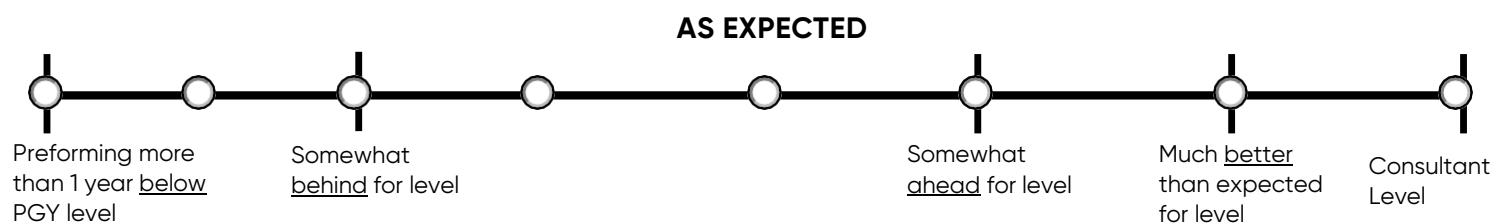
**Place completed evaluation form in the large white box labelled "Learner Evaluations" the physician room located within the Emergency Department.**

**Fill out an evaluation form every shift with your staff physician supervisor.**

Medical Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Physician: \_\_\_\_\_

**1. Rate the overall performance ON THIS SHIFT on the line below.**



**2. Using 2 or 3 of the following CanMEDS Roles, explain where the resident needs to improve to move up a level on the above scale. Provide specific examples for the assessments.**

	<b>N = NEEDS ATTENTION</b>	<b>S = PARTICULAR STRENGTH</b>	<b>EXAMPLES</b>
<b>MEDICAL EXPERT:</b> Can <u>APPROACH</u> most presenting problems	<input type="radio"/>	<input type="radio"/>	
<b>MEDICAL EXPERT:</b> Safe basic procedural skills	<input type="radio"/>	<input type="radio"/>	
<b>SCHOLAR:</b> (Inquisitive, Evidence-based, Used IT Well)	<input type="radio"/>	<input type="radio"/>	
<b>MANAGER:</b> (Considers resource issues, efficient)	<input type="radio"/>	<input type="radio"/>	
<b>HEALTH ADVOCATE:</b> (Knows determinants of health, advocates for patient)	<input type="radio"/>	<input type="radio"/>	
<b>COMMUNICATOR:</b> (Patient interactions case presentation, charting)	<input type="radio"/>	<input type="radio"/>	
<b>PROFESSIONAL:</b> (Punctual, responsible, has integrity, ethical)	<input type="radio"/>	<input type="radio"/>	

**3. General Comments:** \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ RESIDENT SIGNATURE: \_\_\_\_\_