

Medical Resident Shift Feedback Card – Emergency Medicine

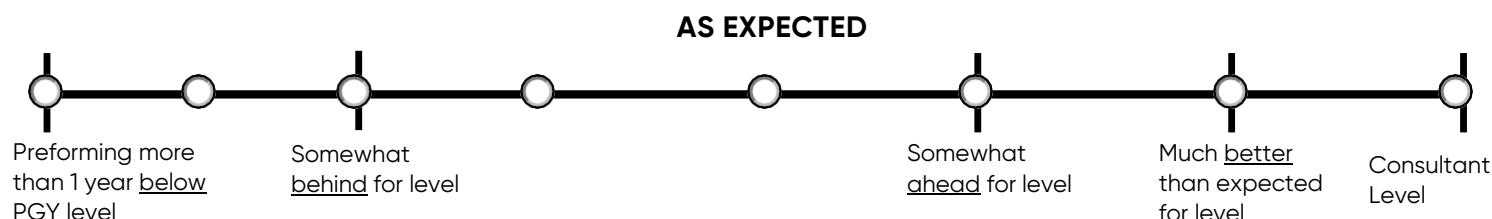
Place completed evaluation form in the large white box labelled "Learner Evaluations" the physician room located within the Emergency Department.

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.

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

3. General Comments: _____

STAFF SIGNATURE: _____ RESIDENT SIGNATURE: _____