**Evaluation Form for Pediatric Neurology-Rotation 3**

**LSU Health Sciences Center**  
Department of Neurology

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### Instructions

Please rate the resident, compared to expectations for LSUHSC Neurology resident at this level, on the following aspects of supervision by checking the appropriate box. For COMMENTS, please check the box and elaborate on p.2, making reference to the specific item number addressed. We do not want these forms to replace face-to-face feedback so please discuss your evaluation with the resident and indicate that you have done so on p. 2. We also ask that you provide feedback to the resident mid-way through the rotation.

Please check PGY level

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#### Patient care

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1. Accurately describe and explain procedures to patients and/or caregivers in a language that is appropriate to their education
2. Communicate information to other providers when necessary and appropriate.
3. Communicates, answers questions and calls and provides emotional support as appropriate

#### Medical Knowledge

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1. Generate a differential diagnosis based on acquired medical knowledge
2. Use newly acquired knowledge to educate patient care team

#### Practice-Based Learning and Improvement

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1. Incorporate learned knowledge and feedback into changing and improving practice management
2. Review educational resources and methods of access to medical information as applicable to child neurology to other members of the team

#### Interpersonal and Communication Skills

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1. Regular presentations at pediatric neurology grand rounds
2. Attendance at monthly journal club
3. Participation in weekly case vignette sessions

#### Professionalism

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1. Demonstrate a sensitivity and responsiveness to patients age, gender, and disabilities

#### Systems-Based Practice

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1. Advocate for the promotion of health and the prevention of disease and injury in
2. Familiar with Clinic safety policy and reporting of adverse events as documented in the policy section on the intranet home page

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### Overall

1. Did the resident meet the Goals & Objectives for this rotation?  
   YES  NO
2. Was the resident monitored for fatigue, sleep deprivation and stress?  
   YES  NO

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Wednesday, September 26, 2007  
www.residencypartner.com
3. Have you met with the resident to provide feedback mid-way through the rotation.
   YES      NO

4. Have you met with the resident to discuss the content of this evaluation
   YES      NO

5. Is there anything that should be known by the Evaluation Committee that would prevent this resident from being promoted to the next level? If yes, please describe in comments
   YES      NO

Specific Comments

Please include competency and question number.

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Please comment on strengths and weaknesses:

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Signature of Evaluator:______________________________________________________________