**Clinical Fellow Assessment Template

TEMPLATE INSTRUCTIONS (Please remove these instructions before publishing)**

RED TEXT: Notes for the program only. Meant to provide context or instruction. Please edit anything in red text as required prior to publishing.

*Note that this template can be adapted to suit the needs of the program, as long as the below items are included in the terms of reference at a minimum.*

NAME OF CLINICAL FELLOW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FELLOWSHIP PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FELLOWSHIP DIRECTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERIOD COVERED BY REPORT: \_d/m/year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to day/m/year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS**
Clinical Fellows are assessed\_\_\_\_\_\_per year (at minimum 4 times per year).
The evaluator uses the 3-point scale (see below) to assess Clinical Fellow’s performance and competency.

There are 4 domains to assess at minimum:

* *Medical Expert*
* *Communicator*
* *Collaborator*
* *Professional*

**The 3-POINT RATING SCALE**

1. Needs Improvement (NI)
2. Meets Expectations (ME)
3. Exceeds Expectations (EE)

To determine the Clinical Fellow’s rating, consider the following three factors:

*• Accuracy— degree to which the Clinical Fellow performs a skill without error*

*• Consistency— degree to which the Clinical Fellow performs at the same level of proficiency across cases*

*• Independence—degree to which the Clinical Fellow performs a skill autonomously*

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| **Medical Expert** |
| **Skill Description** | **Rating**  |
| **NI** | **ME** | **EE** |
| Practice medicine within their defined scope of practice and expertise, demonstrating timely, high-quality care of their patients |  |  |  |
| Perform a patient-centered clinical assessment and establish a management plan(Elicit a history, perform a physical exam, select appropriate investigations, and interpret results for diagnosis and management, disease prevention, and health promotion) |  |  |  |
| Plan and perform procedures and therapies for the purpose of assessment and/or management, in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances |  |  |  |
| **Specialty-Specific Medical Expert Skills** |  |  |  |
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| **Communicator** |
| **Skill Description** | **Rating**  |
| **NI** | **ME** | **EE** |
| Use a patient-centered approach to establish professional therapeutic relationships with patients and their families, adapting to the unique needs and preferences of each patient  |  |  |  |
| Developing plans with patients, their family and the health care team that reflect the patient’s health care needs and goals |  |  |  |
| Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy |  |  |  |

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| **Collaborator** |
| **Skill Description** | **Rating**  |
| **NI** | **ME** | **EE** |
| Work effectively with physicians and other colleagues, engaging in respectful shared decision-making  |  |  |  |
| Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts |  |  |  |

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| **Professional** |
| **Skill Description** | **Rating**  |
| **NI** | **ME** | **EE** |
| Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards |  |  |  |
| Demonstrate a commitment to society by responding to societal expectations in health care |  |  |  |
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| ***OveralAt this point, the Clinical Fellow has*** *\_\_\_\_\_\_\_ Not Met the Expectations of the Fellowship Program* *\_\_\_\_\_\_\_ Met the Expectations of the Fellowship Program* *\_\_\_\_\_\_\_ Exceeded the Expectations of the Fellowship Program* |

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| **E Evaluator's Feedback for the Clinical Fellow** |
|  Areas of excellence:  Areas for improvement:  Suggested Next Steps: |

 *This evaluation has been completed by (name of Evaluator) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

**Signature of Evaluator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Fellowship Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Clinical Fellow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**