

Resident Evaluation on DISCLOSING ADVERSE OUTCOMES

Resident's Name: _____ Date: _____

Evaluator's Name and role: _____

Competencies Assessed: Patient Care, Interpersonal Communication and Professionalism

• Please rank each section below by circling or checking the most appropriate box on the 0-5 scale. Also, please comment on the resident's strengths and areas for improvement, and any response of 2 or less must have a comment in the boxes below.

1. **The resident was able to “set the stage” and develop a therapeutic relationship with the patient during the encounter.**

Not Observed	Remedial	Developing Competency	Competent	Proficient	Expert
0	1	2	3	4	5

2. **The resident assessed the patient/family well-being and understanding of the situation prior to disclosing the adverse outcome.**

Not Observed	Remedial	Developing Competency	Competent	Proficient	Expert
0	1	2	3	4	5

3. **The resident clearly and unambiguously explained the adverse outcome in language the patient/family could understand.**

Not Observed	Remedial	Developing Competency	Competent	Proficient	Expert
0	1	2	3	4	5

4. **The resident clearly and unambiguously expressed regret for the adverse outcome.**

Not Observed	Remedial	Developing Competency	Competent	Proficient	Expert
0	1	2	3	4	5

5. **The resident attended to the patient/family emotions during the encounter.**

Not Observed	Remedial	Developing Competency	Competent	Proficient	Expert
0	1	2	3	4	5

6. **The resident was able to explain the next steps and answer the patient/family questions.**

Not Observed	Remedial	Developing Competency	Competent	Proficient	Expert
0	1	2	3	4	5

7. **Overall assessment of the resident's ability to communicate about adverse outcomes.**

Not Observed	Remedial	Developing Competency	Competent	Proficient	Expert
0	1	2	3	4	5

Please comment on resident's main strengths and weaknesses in disclosing adverse outcomes:

Main strengths:

Areas for Improvement:

Comment on any ranking of 2 or less: