

**MEDICAL CARE EVALUATION
NORTH BROWARD HOSPITAL DISTRICT – FAMILY MEDICINE RESIDENCY**

Resident _____ Date _____

MR# _____

Evaluator _____ Evaluator Signature _____

	Exceptional	Above Average	Average	Below Average	Unsatisfactory
Medical Knowledge: Arrives at correct diagnosis/differential diagnosis					
Therapeutics/Management: Knowledge and utilization of pharmaceuticals, diagnostic tests, follow-up					
Evidence Based Medicine: Effectively practices current Evidence Based Guidelines					
Efficiency: H&Ps complete and accurate and on chart within 24 hours					
Patient Rapport: Psychosocial Interaction					
Medical Team Rapport					
Charts – Legibility					
Charts – Completeness: Problem list, counseling, risk benefits					
Professional Appearance and Conduct					