

Consult Evaluation of Dermatology Resident



Dermatologists spend a significant portion of time providing consultative services. It is very important to us to prepare our residents to provide informative, concise, helpful consultation in a communicative and professional manner. You have been identified as an attending to whom Dr. _____ provided consulting services. Your feedback is vital to our knowing if we are preparing our resident as well as we should. To that end, please complete the following brief survey regarding the consultation they provide you or your team.

Patient Name: _____ MHN: _____

Date of Consult: _____

Reason for Derm Consult: _____

How well do you recall interacting with the dermatology consult resident?

Very well Somewhat Do Not Recall

I.	Did the resident check up on patient after therapy started and/or arranged for appropriate derm-related follow up as outpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant to this patient's care <input type="checkbox"/> Do Not Recall
	Did the resident offer to write derm-related orders? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant to this patient's care <input type="checkbox"/> Do Not Recall
II.	Was the resident knowledgeable regarding the diagnosis and treatment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Recall
	Did the resident perform the consult in a timely fashion? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Recall
III.	Did the resident provide reference materials or other helpful accessory data to help you or your team in management or understanding of the diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant to this patient's care <input type="checkbox"/> Do Not Recall
IV.	Did the resident legibly communicate the assessment and plan in chart? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Recall
	Did the resident effectively verbally communicate assessment and plan to you or your team? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Recall
V.	Did the resident thank you for your consult? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Recall
	Did the resident treat you and your team with respect? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Recall
VI.	If necessary to obtain derm consult in the future, I will look forward to working with this resident. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion <input type="checkbox"/> Do Not Recall

Other comments: