

CASE MANAGEMENT INTERNAL MEDICINE RESIDENT EVALUATION FORM

Resident _____

Date _____

Please circle the appropriate answer using the following 1-5 scale:

1) Never, 2) Some of the Time, 3) Most of the Time, 4) Always

The resident sets the patients anticipated discharge date on admission.

1 2 3 4 N/A

The resident understands the minimum criteria to safely discharge a patient to their own home and orders a home safety evaluation when appropriate.

1 2 3 4 N/A

The resident is able to recognize situations where a social work, physical therapy and/or occupational therapy evaluation are appropriate.

1 2 3 4 N/A

The resident has an understanding of drug formularies and medication reconciliation such that he/she is able to prescribe discharge medications effectively.

1 2 3 4 N/A

The resident understands the criteria for skilled nursing home admission and how they differ from acute rehabilitation units.

1 2 3 4 N/A

The resident works effectively with the case manager, social worker and discharge planner to formulate effective discharge plans.

1 2 3 4 N/A

The resident appropriately counsels the patient and their family members on safe and appropriate discharge options in a timely manner.

1 2 3 4 N/A

The resident is able to dictate/complete all required discharge/transfer paperwork in a timely fashion.

1 2 3 4 N/A

The resident is able to effectively communicate all the relevant medical information to the accepting nursing home physician in a timely manner.

1 2 3 4 N/A

The resident is able to appropriately order home nursing and anticipates the patient's discharge needs e.g home infusion services in a timely manner.

1 2 3 4 N/A

Comments:
