## Swedish Family Medicine – First Hill Residency Program Evaluation Form for LGBTQ Elective – Capitol Hill Medical Group

Resident:	Evaluator:
Block Number:	Block Dates:
Patient Care Provides patient-centered and quality care educate and support pediatric/adolescent maintenance and trans* specific health ne	•
Competent	Needs Improvement
	cribing of hormone therapy to meet the needs of knowledgeable about these procedures. (PC-5).
Competent	Needs Improvement
Additional Comments:	
Medical Knowledge Demonstrates appropriate knowledge abo current level of training (MK1, MK2).	ut pediatric/adolescent trans* healthcare relative to
Competent	Needs Improvement
Additional Comments:	
Systems-Based Practice Emphasizes patient safety following approphealthcare team (SBP2, SBP4).	priate clinic protocol and works well with the
Competent	Needs Improvement
Additional Comments:	

**Practice-Based Learning and Improvement** 

Engages in self-directed learning and demonstrated pediatric/adolescent trans* healthcare (PBL2).	ates ability to acquire new skills in
Competent	Needs Improvement
Additional Comments:	
Professionalism  Demonstrates compassion/respect/empathy to professional manner while attending to all dutients.	wards patients and presents in a respectful and es/responsibilities (PROF 2, PROF3).
Competent	Needs Improvement
Additional Comments:	
Communication Develops meaningful, therapeutic relationships with patients and the healthcare team (C1, C2,	
Competent	Needs Improvement
Additional Comments:	
Evaluator Signature:	

Please fax the completed evaluation to Kevin Wang at (206) 215-6027 or email the completed evaluation to Kevin Wang at <a href="mailto:kevin.wang@swedish.org">kevin.wang@swedish.org</a>.

Thank you for teaching our residents to improve the care they can provide their patients. We also appreciate your time in completing these evaluations!

Swedish Family Medicine Residency Program – First Hill 1401 Madison Suite 100, Seattle, WA 98104 (O): (206) 386-6054, (F):