

Evaluation Form
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medhub

Concern Card About A Trainee

Evaluator: _____

Evaluation of: _____

Date: _____

Department of Medicine

UPSTATE
MEDICAL UNIVERSITY
COLLEGE OF MEDICINE

Reason for Concern

1. My concerns about the performance and/or professional behavior of this trainee/physician are based on: (please check)*

- ☐ Critical Incident
☐ Gut Level Reaction
☐ Series Of "Red Flags"

Concern Comments *

Discussed with Trainee/Physician

2. I have discussed my concerns with the trainee/physician.*

- ☐ No
☐ Yes

Discomfort with discussion of concern:

3. I feel uncomfortable discussing my concerns with the trainee/physician.*

- ☐ No
☐ Yes

Call about concern:

4. Please call me about these concerns.*

- ☐ No
☐ Yes