

NEW TRAINER SKILLS EVALUATION

New Trainer being evaluated _____

Faculty Evaluator _____

Number of training sessions observed _____

In addition to meeting the criteria for competency as an abortion provider, a trainer must be able to:

Training Skills	Poor	Satisfactory	Good	Excellent	Outstanding	Did not experience
Assesses trainee's skills and learning needs	1	2	3	4	5	N/A
Engages trainee in learning experience	1	2	3	4	5	N/A
States objectives for each training day	1	2	3	4	5	N/A
Encourages trainee to ask questions	1	2	3	4	5	N/A
Answers questions clearly and completely	1	2	3	4	5	N/A
Demonstrates strong knowledge of subject matter	1	2	3	4	5	N/A
Gives appropriate evidence and resources	1	2	3	4	5	N/A
Uses variety of teaching methods including cases, role plays, "what if" scenarios, didactics	1	2	3	4	5	N/A
Discusses various approaches to the procedure						N/A
Demonstrates knowledge of site specific protocols						N/A
Reviews chart and informed consent						N/A
Reviews / interprets US, labs, and medical history with trainee						N/A
Demonstrates establishing rapport with the patient						N/A
Demonstrates non-judgmental attitude towards the patient						
Demonstrates clear communication with the patient regarding procedure and management						
Allows trainee to solicit and answers patient questions						
Confirms physical exam findings						
Gives feedback about no touch technique						
Gives feedback about trainee's attention to patient comfort during procedure						
Can take over a case when appropriate without disturbing the patient or undermining the trainee						
Provides feedback to the trainee after each procedure, and at the end of session						
Reviews elements of tissue exam with trainee						
Reviews appropriate post operative orders with trainee						
Reviews patient's contraceptive needs (including EC) and contraindications with trainee						
Models respectful attitude towards staff						
Is receptive to feedback from trainee / peers						
Models and teaches trainee attention to clinic flow						

Further Comments:

Evaluation by Trainer:

Approved

Further orientation and observation suggested

SIGNATURE OF EVALUATOR: _____ **DATE:** _____