



Resident Care Evaluation

Patient History and Education

Resident Name or Code: _____

PGY: 1 2 3 Month: _____

Rotation: _____

Evaluator Name or Code: _____

Circle **YES** or **NO** for the following categories performed by the resident:

HISTORY

1. Past medical history (i.e., number of pregnancies, labor complications, term or preterm, delivery type)

YES NO

Comments: _____

2. Breastfeeding history (i.e., breastfeeding experience, age when other children were weaned, why weaned, difficulties, etc.)

YES NO

Comments: _____

3. Current breastfeeding interest (i.e., interest in breastfeeding now, information patient received about breastfeeding, how is it going, questions about breastfeeding) **Yes = 2 or more mentions**

YES NO

Comments: _____

4. Current medications

YES NO

Comments: _____

5. Alcohol and tobacco and recreational drug use

YES NO

Comments: _____

6. Perceived barriers to breastfeeding

YES NO

Comments: _____

EDUCATION

7. Benefits of breastfeeding (i.e., infantile nutrition, protection from diseases, food allergies, bonding, convenience, cost) **Yes = 2 or more mentions**

YES NO

Comments: _____

8. Mechanics of early breastfeeding (i.e., promote early skin-to-skin contact, rooming in, asking for help) **Yes = 1 or more mentions**
YES NO
Comments: _____
9. Common concerns in early postpartum period (i.e., sore nipples, not enough milk, pumping, sleepy baby, milk storage) **Yes = 2 or more mentions**
YES NO
Comments: _____
10. Educated patient about how to optimize baby's attachment to the breast
YES NO
Comments: _____
11. How to avoid sore, cracked nipples
YES NO
Comments: _____
12. Timing (frequency of feedings, length of feedings, using both breasts) **Yes = 2 or more mentions**
YES NO
Comments: _____
13. Avoidance of formula use unless medically indicated
YES NO
Comments: _____
14. Advice on maternal self care (i.e., treat pain adequately [narcotics OK], hydration, additional 500 calories per day, rest, support, etc.) **Yes = 2 or more mentions**
YES NO
Comments: _____
15. Offered resources (i.e., lactation consultant, health care provider, nursing, WIC, La Leche League, etc.)
YES NO
Comments: _____

GRADING SYSTEM (Number of times **Yes** circled):

- 12 – 15 **Excellent**
- 9 – 11 **Very Good**
- 6 – 8 **Good**
- 3 – 5 **Poor**
- 0 – 2 **Extremely Poor**

Resident Overall Evaluation (circle one): **Excellent** **Very Good** **Good** **Poor** **Extremely Poor**

Resident Comments:

Evaluator(s): _____ Date: _____

Evaluator(s): _____ Date: _____

Resident: _____ Date: _____