Resident Care Evaluation
Patient History and Education

Resident Name or Code: ____________________________________________________________
Pgy: 1 2 3 Month: ________________________________________________________________
Rotation: Adamantium Academy of Pediatrics
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: __________

This form is adapted from similar documents created by the University of New Mexico, MetroHealth Medical Center, and Jacobi Medical Center.