

Resident Competency Evaluation_ECG/EKG Interpretation Rev 7/2015

Instructions:

Number of competent ECG/EKG Interpretation evaluations needed to fulfill graduation requirement: 10

Subject Name: _____

Evaluator Name: _____

Evaluator Signature: _____

1* Date of Procedure

2* Patient Medical Record #

3* Overall presentation of ECG findings

- Competent
- Not Competent

4 Ventricular Rate

- Correct
- Incorrect

5 Rhythm

- Correct
- Incorrect

6 Axis

- Correct
- Incorrect

7 PR

- Correct
- Incorrect

8 QRSD

- Correct
- Incorrect

9 QT

- Correct
- Incorrect

10 QTc

- Correct
- Incorrect

11 QRS morphology

- Correct
- Incorrect

12 Hypertrophy

- Correct
- Incorrect

13 Ischemia

- Correct
- Incorrect

14 Indications for ECG

- Correct
- Incorrect

15 Compare to prior ECG

- Correct
- Incorrect

16 Interpretation form is filled out

- Correct
- Incorrect

17 General impression

- Correct
- Incorrect

18 Patient care plan

- Correct
- Incorrect