

Trainee Evaluation Form

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|---------------------------|----|------|----|----|-------------------------------|
| Program | | | | | |
| Rotation | | | | | |
| Supervisor's Name | | Site | | | |
| Trainee's Name | | | | | |
| Level of Training | R1 | R2 | R3 | R4 | R5 / F1 F2 F3 (Please circle) |
| R=Residency, F=Fellowship | | | | | |

1. Unsatisfactory 2. Needs improvement 3. Meets expectations 4. Exceeds expectations 5. Outstanding

| Medical Expert | 1 | 2 | 3 | 4 | 5 | NA |
|---|---|---|---|---|---|----|
| Basic science knowledge | | | | | | |
| Clinical knowledge | | | | | | |
| Data gathering (History and physical examination) | | | | | | |
| Choice and use of ancillary tests (e.g. Lab. Tests) | | | | | | |
| Soundness of judgment and clinical decision | | | | | | |
| Performance under emergency conditions | | | | | | |
| Self-assessment ability (insight) | | | | | | |
| Performs diagnostic and therapeutic procedures required in the rotation | | | | | | |
| Minimizes risk and discomfort to patients | | | | | | |
| Communicator | 1 | 2 | 3 | 4 | 5 | NA |
| Establishes therapeutic relationship with patients/families | | | | | | |
| Delivers understandable information to patients/families | | | | | | |
| Maintains professional relationship with other health care providers | | | | | | |
| Provides effective counseling to patients/families | | | | | | |
| Provides clear and complete records and reports | | | | | | |
| Collaborator | 1 | 2 | 3 | 4 | 5 | NA |
| Demonstrates ability to accept, and respects opinions of others | | | | | | |
| Work effectively in a team environment | | | | | | |
| Consults effectively with other physician and healthcare providers | | | | | | |
| Manager | 1 | 2 | 3 | 4 | 5 | NA |
| Manages time effectively | | | | | | |
| Allocates health care resources effectively | | | | | | |
| Works effectively in a health care organization | | | | | | |
| Utilizes information technology effectively | | | | | | |
| Practices evidence-based medicine | | | | | | |
| Health Advocate | 1 | 2 | 3 | 4 | 5 | NA |
| Is attentive to preventive measures | | | | | | |
| Is attentive to issue of public health | | | | | | |
| Advocates on behalf of patients | | | | | | |
| Involve patients/families in decision making | | | | | | |
| Scholar | 1 | 2 | 3 | 4 | 5 | NA |
| Attends and contribute to rounds, seminars and learning events | | | | | | |
| Accepts and acts on constructive feedback | | | | | | |
| Takes an evidence-based approach to the management of problems | | | | | | |
| Contributes to the education of other trainees, and health care professionals | | | | | | |
| Professional | 1 | 2 | 3 | 4 | 5 | NA |
| Recognizes limitations and seeks advice when needed | | | | | | |
| Discharges duties and assignments responsibly and in timely manner | | | | | | |
| Report facts accurately, including own errors | | | | | | |
| Maintains appropriate boundaries in work and learning situations | | | | | | |
| Attend duties and report to work regularly (Punctuality) | | | | | | |
| OVERALL COMPETENCE | 1 | 2 | 3 | 4 | 5 | |

Trainee Evaluation Form

Additional Comments:

I certify that I have read all parts of this evaluation report and have discussed it with my supervisor

Name/Signature of Trainee _____
Date:

Name/Signature of supervisor _____
Date:

Note: Please send completed and signed form to the program director.