|  |  |  |  |
| --- | --- | --- | --- |
| Program | {{program}} | | |
| Rotation | {{rotation}} | | |
| Supervisor’s Name | {{supervisor\_name}} | Site |  |
| Trainee’s Name | {{trainee\_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 |  | 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 |  | 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 |  |

**Additional Comments:**

**{{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.**