



Peshawar Institute of Cardiology - MTI

Residency/Fellowship:

EVALUATION FORM

Evaluated by :
Evaluating :
Date : From To

* Indicates a mandatory response

Please rate this resident for demonstrated competence (according to the residency level) in the following domains using the given scale.

A. Medical Expertise

		1	2	3	4	5
	N/A or Cannot Comment	Unsatisfactory	Marginal	Acceptable	Very Good	Outstanding
*Subject Knowledge: Knowledge base, clinical reasoning, clinical judgment.						
*Patient Care: History taking, physical examination, investigations, diagnostic reporting.						
*Patient Care: Identification of patient problem & management based on evidence.						
*Patient Care: Cost effective care.						
*Procedural Skills/Bench Skill: Proficient, consideration of patient safety & avoiding adverse effects.						

B. Interpersonal and Communication Skills

		1	2	3	4	5
	N/A or Cannot Comment	Unsatisfactory	Marginal	Acceptable	Very Good	Outstanding
*Communication with Patients and Families: Information exchange & development of therapeutic & ethical relationship.						
*Communication with Patients and Families: Breaking bad news, taking informed consent.						
*Relationship with Professional Colleagues: Collaboration, recognizes roles and expertise.						
*Documentation of patients notes: Initial Assessment, progress notes, discharge summaries, diagnostic reports.						
*Verbal Presentations/Case Presentation: Bedside bench presentation of in-patient/outpatient cases and assigned presentations.						

C. Professionalism

		1	2	3	4	5
	N/A or Cannot Comment	Unsatisfactory	Marginal	Acceptable	Very Good	Outstanding
*Towards Patients: Altruism, compassion, caring attitude, respect.						
*Towards Patients: Reliability, responsibility, timeliness.						
*Towards Profession: Application of ethical principles for patient care.						
*Towards Profession: Commitment to professional standards, accountability.						
*Towards Self: Commitment to excellence and mastery of discipline.						

D. Practice Based Learning & Improvement

		1	2	3	4	5
	N/A or Cannot Comment	Unsatisfactory	Marginal	Acceptable	Very Good	Outstanding
*Critical appraisal of evidence and translating it into practice.						
*Evaluates own practices & improves patient care.						

E. System Based Practice

		1	2	3	4	5
	N/A or Cannot Comment	Unsatisfactory	Marginal	Acceptable	Very Good	Outstanding
*Effectively calls on system resources to provide optimal care.						
*Timely involves senior resident/consultant						
*Follows hospital policies.						
*Demonstrates an awareness of & is responsive to national health care system.						

F. Scholarly Activities

		1	2	3	4	5
	N/A or Cannot Comment	Unsatisfactory	Marginal	Acceptable	Very Good	Outstanding
*Research Activities: Interest and involvement in Dissertation, manuscripts, grants.						
*Research Activities: Presentations in institutional, national and international conferences						
*Educational Activities: Teaching juniors.						
*Educational Activities: Assessing learners and giving feedback.						

G. Participated and compliant with following programs (JCIA Standard MPE.6)

		1	2	3	4	5
	N/A or Cannot Comment	Unsatisfactory	Marginal	Acceptable	Very Good	Outstanding
*Hospital quality and patient safety program						
*Infection control program						
*Medication safety program						
*The international patient safety goals						

H. Narrative Feedback

General Comments:

Strengths:

Aspects requiring improvement:

Action plan and expectations:

	N/A	Deteriorating	Consistent	Improving
*Performance trend during current rotation:				

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer)

*Did you have an opportunity to meet with this trainee to discuss their performance?

Yes

No

(for the evaluator to answer..)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

*Are you in agreement with this assessment?

Yes

No

Please enter any comments you have (if any) on this evaluation.

Supervising Consultant

Primary Supervisor

Associate Dean

Signature

Signature

Signature

Name:

Name:

Name:

DATED: