



Trainee Evaluation Form

Rotation			
Supervisor's Name	Site	Rotation Period:	
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

<b>Medical Expert</b>	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						
*IF OUTSTANDING PLEASE PROVIDE A BRIEF EXPLANATION FOR YOUR RATING:						
<b>Communicator</b>	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						
*IF OUTSTANDING PLEASE PROVIDE A BRIEF EXPLANATION FOR YOUR RATING:						
<b>Collaborator</b>	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						
*IF OUTSTANDING PLEASE PROVIDE A BRIEF EXPLANATION FOR YOUR RATING:						



<b>Leader</b>	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						
*IF OUTSTANDING PLEASE PROVIDE A BRIEF EXPLANATION FOR YOUR RATING:						
<b>Health Advocate</b>	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						
*IF OUTSTANDING PLEASE PROVIDE A BRIEF EXPLANATION FOR YOUR RATING:						
<b>Scholar</b>	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						
*IF OUTSTANDING PLEASE PROVIDE A BRIEF EXPLANATION FOR YOUR RATING:						



<b>Professional</b>	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)						
*IF OUTSTANDING PLEASE PROVIDE A BRIEF EXPLANATION FOR YOUR RATING:						
<b>OVERALL COMPETENCE</b>						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	

**Additional Comments:**

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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.**