## Trainee Evaluation Form

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<th>Program</th>
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<th>Rotation</th>
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<table>
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<tr>
<th>Supervisor’s Name</th>
<th>Site</th>
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<table>
<thead>
<tr>
<th>Trainee’s Name</th>
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<table>
<thead>
<tr>
<th>Level of Training</th>
<th>R1</th>
<th>R2</th>
<th>R3</th>
<th>R4</th>
<th>R5</th>
<th>F1</th>
<th>F2</th>
<th>F3</th>
<th>(Please circle)</th>
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<tbody>
<tr>
<td>R=Residency, F=Fellowship</td>
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### Medical Expert

1. Basic science knowledge
2. Clinical knowledge
3. Data gathering (History and physical examination)
4. Choice and use of ancillary tests (e.g. Lab. Tests)
5. Soundness of judgment and clinical decision
6. Performance under emergency conditions
7. Self-assessment ability (insight)
8. Performs diagnostic and therapeutic procedures required in the rotation
9. Minimizes risk and discomfort to patients

### Communicator

1. Establishes therapeutic relationship with patients/families
2. Delivers understandable information to patients/families
3. Maintains professional relationship with other health care providers
4. Provides effective counseling to patients/families
5. Provides clear and complete records and reports

### Collaborator

1. Demonstrates ability to accept, and respects opinions of others
2. Work effectively in a team environment
3. Consults effectively with other physician and healthcare providers

### Manager

1. Manages time effectively
2. Allocates health care resources effectively
3. Works effectively in a health care organization
4. Utilizes information technology effectively
5. Practices evidence-based medicine

### Health Advocate

1. Is attentive to preventive measures
2. Is attentive to issue of public health
3. Advocates on behalf of patients
4. Involve patients/families in decision making

### Scholar

1. Attends and contribute to rounds, seminars and learning events
2. Accepts and acts on constructive feedback
3. Takes an evidence-based approach to the management of problems
4. Contributes to the education of other trainees, and health care professionals

### Professional

1. Recognizes limitations and seeks advice when needed
2. Discharges duties and assignments responsibly and in timely manner
3. Report facts accurately, including own errors
4. Maintains appropriate boundaries in work and learning situations
5. 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.**