

Evaluated By: evaluator's name

Evaluating : person (role) or moment's name (if applicable)

Dates : start date to end date

* indicates a mandatory response

In-Training Evaluation

Educational Competencies

Medical Expert

| | n/a | Does not meet Expectations | Inconsistently meets Expectations | Meets Expectations | Exceeds Expectations |
|------------------------------|-----|-------------------------------|--------------------------------------|-----------------------|-------------------------|
| *Medical Knowledge | 0 | \bigcirc | 0 | \circ | \circ |
| *History Taking | 0 | \circ | 0 | 0 | 0 |
| *Physical Examination | 0 | \bigcirc | 0 | 0 | \circ |
| *Clinical Reasoning | 0 | 0 | 0 | 0 | 0 |
| *Medical Management | 0 | \bigcirc | 0 | \bigcirc | 0 |
| *Technical/Procedural Skills | 0 | \bigcirc | 0 | 0 | 0 |

Communicator

| | n/a | Does not meet Expectations | Inconsistently meets Expectations | Meets Expectations | Exceeds Expectations |
|-------------------------------|-----|-------------------------------|--------------------------------------|-----------------------|-------------------------|
| *Verbal Communication Skills | 0 | 0 | 0 | 0 | 0 |
| *Written Communication Skills | 0 | 0 | 0 | 0 | 0 |
| *Consultancy Skills | 0 | 0 | 0 | 0 | 0 |
| *Referral Skills | 0 | 0 | 0 | 0 | 0 |
| *Record Keeping Skills | 0 | 0 | 0 | 0 | 0 |

Collaborator

| | n/a | Does not meet Expectations | Inconsistently meets Expectations | Meets Expectations | Exceeds Expectations |
|---|-----|-------------------------------|--------------------------------------|-----------------------|-------------------------|
| *Team Relationships | 0 | \bigcirc | 0 | \bigcirc | \circ |
| *Consults Effectively With Other Physicians | 0 | 0 | 0 | 0 | 0 |
| *Consults Effectively With Allied Health Professionals | 0 | 0 | 0 | 0 | 0 |

Manager

| | n/a | Does not meet Expectations | Inconsistently meets Expectations | Meets Expectations | Exceeds Expectations |
|--------------------------------|-----|-------------------------------|-----------------------------------|-----------------------|-------------------------|
| *Time Management | | | 0 | 0 | |
| *Supervision | 0 | \circ | 0 | 0 | 0 |
| *Use of Information Technology | 0 | 0 | 0 | 0 | 0 |

Health Advocate

| | n/a | Does not meet Expectations | Inconsistently meets Expectations | Meets Expectations | Exceeds Expectations |
|---|-----|-------------------------------|--------------------------------------|-----------------------|-------------------------|
| *Identifies Important Determinants of Health | 0 | | 0 | | |
| *Recognizes and Responds Appropriately in Advocacy Situations | 0 | 0 | 0 | 0 | 0 |
| *Utilization of Health Care Resources | 0 | \bigcirc | 0 | 0 | 0 |

| Scholar | | | | | |
|---------------------------------------|---------|-------------------------------|-----------------------------------|-----------------------|-------------------------|
| | n/a | Does not meet Expectations | Inconsistently meets Expectations | Meets Expectations | Exceeds Expectations |
| *Self-Directed Learning | 0 | 0 | 0 | 0 | 0 |
| *Critical Appraisal Skills | 0 | 0 | 0 | 0 | 0 |
| *Evidence Based Practice | 0 | 0 | 0 | 0 | 0 |
| *Teaching Skills | 0 | 0 | 0 | 0 | 0 |
| *Research Skills | 0 | 0 | 0 | 0 | 0 |
| Health Professional | | | | | |
| | n/a | Does not meet Expectations | Inconsistently meets Expectations | Meets Expectations | Exceeds Expectations |
| Sense of Responsibility | 0 | O | O | O | O |
| Self-Assessment Skills | 0 | 0 | 0 | 0 | 0 |
| Ethics | 0 | 0 | O | 0 | 0 |
| Physician/Patient Relationship | 0 | 0 | O | 0 | 0 |
| Team Relationships | 0 | 0 | O | 0 | 0 |
| Performance Under Stress | 0 | 0 | O | 0 | 0 |
| Sign-In Round Attendance | 0 | 0 | O | 0 | 0 |
| Other: | n/a | Does not meet Expectations | Inconsistently meets Expectations | Meets Expectations | Exceeds Expectations |
| *Please rate: | 0 | O | O | 0 | 0 |
| *Global Performance | n/a | Does not meet Expecta | ations Meets Expectations | | |
| *If "Does not meet Expectations" was | | | | | |
| # of Weeks Holidays/Vacation/Other Le | ave tal | cen during this rotation: | | | |
| Procedures Performed | | | | | |
| *Narrative Account of Progress: | | | | | |

Evaluation by
Supervisor
Ocommittee

OProgramme Director

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|--------|---|
|--------|---|

| Oservice Chief Other |
|---|
| If other, indicate who |
| 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 evaluee to answer) |
| *Did you have an opportunity to discuss your performance with your preceptor/supervisor? Yes No |