

## Confidential Evaluation Form

**Resident Name:**

**Teaching center :**

**Department:**

**Please evaluate and rank residential ability and performance in the following categories**

| No | Resident ability   | Excellent<br>90 - 100 | V. good<br>80 - 90 | Good<br>70 - 80 | Fair<br>60 - 70 | Poor<br>50< |
|----|--|-----------------------|--------------------|-----------------|-----------------|-------------|
| 1  | Knowledge of Basic and Clinical science concerning the specified residency   |                       |                    |                 |                 |             |
| 2  | Clinical problem solving approach and critical thinking                      |                       |                    |                 |                 |             |
| 3  | Operative and technical skills   |                       |                    |                 |                 |             |
| 4  | Reliability and responsibility for patient's care                            |                       |                    |                 |                 |             |
| 5  | Interest and initiative  |                       |                    |                 |                 |             |
| 6  | Personal honesty and integrity   |                       |                    |                 |                 |             |
| 7  | Interaction with faculty interns residents and nurses                        |                       |                    |                 |                 |             |
| 8  | Doctor – patient relationship  |                       |                    |                 |                 |             |
| 9  | Commitment to assigned duties  |                       |                    |                 |                 |             |
| 10 | Participation in inward activities (grand tour, seminars, clinical meetings) |                       |                    |                 |                 |             |

### Comment

**Director of the program:**

**Division:**

**Signature**

**Date:**