

**IN-TRAINING EVALUATION REPORT
Clinical Specialties**

NAME: Surname _____ Given Name(s) _____

LEVEL OF TRAINING: Fellow 0 I 0 II 0 III

PERIOD OF TRAINING: From _____ To _____

INSTITUTION: _____, SERVICE: _____

UNIVERSITY: _____

SUPERVISOR: _____

CRITERIA	FAIL	BORDER-LINE	PASS	OUTSTANDING	NOT APPL.	CANNOT ASSESS
A. SKILLS						
1. KNOWLEDGE OF CLINICAL SCIENCE						
2. KNOWLEDGE OF BASIC SCIENCE						
3. HISTORY AND PHYSICAL EXAMINATION						
4. FORMULATION OF DIFFERENTIAL DIAGNOSIS						
5. INTERPRETATION AND UTILIZATION OF INVESTIGATIONS						
6. CLINICAL JUDGEMENT						
7. COMMUNICATION SKILLS						
8. ORGANIZATION OF WORK						
9. RECORDS AND REPORTS						
10. EMERGENCY CARE						
11. PROFESSIONAL AND TECHNICAL SKILLS						
12. TEACHING ABILITY						
B. ATTITUDES						
13. SCIENTIFIC INTEREST AND ABILITY						
14. RESPONSIBILITY AND SELF-ASSESSMENT						
15. DISCIPLINE AND PUNCTUALITY						
16. PATIENT RELATIONSHIPS						
17. INTER-PROFESSIONAL RELATIONSHIPS						
18. OTHER (SPECIFY)						

COMMENTS: (please use other side of page)

