



# RADIOLOGY & LAB EVALUATION

## IN-TRAINING EVALUATION REPORT (PER BLOCK)

Name: \_\_\_\_\_ Resident Level: \_\_\_\_\_ OMSB #: \_\_\_\_\_ Program: \_\_\_\_\_  
 Block: \_\_\_\_\_ Training Center: \_\_\_\_\_ Rotation: \_\_\_\_\_ Date of Rotation: FROM \_\_\_\_\_ TO \_\_\_\_\_

<b>CRITERIA</b>	Unsatisfactory 1	Below Expectations 2	Meets Expectations 3	Exceeds Expectations 4	Not Applicable
<b>I. MEDICAL EXPERT</b>					
1 Basic Science Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Clinical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 History/Physical Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Synthesis of Clinical & Laboratory Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Decision Making & Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Instrumentation Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Management of Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Procedural Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Reporting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. PROFESSIONAL</b>					
10 Honest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Sensitive to Cultural Diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Responsible & Self-Disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Recognition of Own Limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Ethical Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Compassionate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>III. COMMUNICATOR</b>					
16 Communication with Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Communication with Allied Health Professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Communication with Patients & Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IV. COLLABORATOR</b>					
19 Collaboration with all Health Professionals appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Effective Delegation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>V. MANAGER</b>					
21 Proficiency with Information Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Appropriate Use of Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Leadership and Administrative Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Participation in Quality Improvement Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VI. HEALTH ADVOCATE</b>					
25 Promotion of Patient and Community Health Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VII. SCHOLAR</b>					
26 Life long Self-Learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Critical Appraisal of Medical Literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Teaching Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Progress of Research Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VIII. PATIENT SAFETY</b>					
30 Commitment to Patient Safety Measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OVERALL ASSESSMENT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Resident Leaves

During this rotation, the resident took the following leaves:

Annual Leave, specify # of days \_\_\_\_\_

Sick Leave, specify # of days \_\_\_\_\_

Emergency Leave, Specify # of days \_\_\_\_\_

Scientific Leave, specify # of days \_\_\_\_\_

**COMMENTS: (Strengths and Areas for Improvement/Need for Special Attention)**

**AGREED ACTION:**

This evaluation has been reviewed with the resident:

Yes

No

Name of Supervising Trainer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Resident: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SCALE

#### 1. Unsatisfactory

Poor competency judgment. Requires continuous supervision.

#### 2. Below Expectations

Inadequate competency judgment. Requires frequent supervision.

#### 3. Meets Expectations

Effective competency judgment. Supervision needed for complex/difficulty situations.

#### 4. Exceeds Expectations

Exemplary competency judgment including in complex/difficult situations. Can practice independently.

NA

Not applicable