



FINAL Evaluation Scoring Sheet

| Name of Resident | Name of Supervisor | Year of Training |
|------------------|--------------------|------------------|
| | | |

Date _____

| | Faculty #1 (165) | Faculty #2 (165) | Faculty #3 (165) | Average Score |
|--|---------------------|---------------------|---------------------|------------------|
| Medical Patient Care (30) | | | | ___/30 |
| Medical Knowledge (30) | | | | ___/30 |
| Professionalism (35) | | | | ___/35 |
| Interpersonal and Communication Skills (20) | | | | ___/20 |
| System Based Practice (35) | | | | ___/35 |
| Practice Based Learning and Improvement (15) | | | | ___/15 |
| Overall Rating | | | | |
| Average: | _____ / 165 | | | |

Duration of Assessment _____

Specialty _____

Hospital _____

Unit _____

| | Patient # 1 (30) | Patient # 2 (30) | Patient # 3 (30) | Medical Record Performa #1 (80) | Medical Record Performa #2 (80) | Medical Record Performa #3 (80) | Staff # 1 (56) | Staff #2 (56) | Staff #3 (56) |
|--------------------|---------------------|---------------------|---------------------|---------------------------------------|---------------------------------------|---------------------------------------|-------------------|------------------|------------------|
| Overall Rating | | | | | | | | | |
| Average: | _____ / 30 | | | _____ / 80 | | | _____ / 56 | | |
| Grand Total | | | | | | | | | |
| _____ / 331 | | | | | | | | | |



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Logbook *complete* *incomplete*

Portfolio *complete* *incomplete*

Leave /absentees: _____

Comments

Supervisor Name (1) _____ *Supervisor Name (2)* _____ *Head of Unit* _____

Sign & Stamp _____ *Sign & Stamp* _____ *Sign & Stamp* _____