



CASE BASED CLINICAL EVALUATION OF TRAINEE

Resident's Name: _____
Evaluator's Name(s): _____
Hospital Name: _____
Date of Evaluation: _____

Scale table with 5 levels: 1 Unsatisfactory, 2 Below Average, 3 Average, 4 Good, 5 Superior

Traditional Track (10% Clinic) Primary Care Track (20% Clinic)

Please circle the appropriate number for each item using the scale above.

Main evaluation table with sections: History, Physical Examination, Assessment Plans, Interpretation and Correlation of Laboratory and Imaging Data. Each item has a 5-point scale.



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Counseling and Follow Up	Scale				
	1	2	3	4	5
1. Counseling of relevant problems done	1	2	3	4	5
2. Counseling is done empathically and logically	1	2	3	4	5
3. Followup plan discussed with patient.	1	2	3	4	5
4. Followup appointment given	1	2	3	4	5

Total Score _____/100

Resident's Signature

Date

Evaluator's Signature

Date