



## Elective Evaluation (Mid Rotation / Final )

Name :-----

Rotation : (Dermatologic Surgery) -----

Report Covers Period:-----

Location : -----

Rotation Supervisor:-----

### Section A: Overall Competence

Criteria	Unsatisfactory	Border line	Good	Very Good	Out standing	N/A
<b>A. Fundamental Skills</b>						
1.Hx+Exam.						
2.Use of Lab. tests						
3.Judgment&Decisions						
4.Performance in Emergency						
5.Records & Reports						
<b>B. Professional Attitudes</b>						
1.Physician-Patient relationships						
2.Team Relationships						
3.Sense of Responsibility						
4.Attention to preventive measures						
5.Self-Assessment ability						
<b>C. Technical Skills</b>						
1.Technical Skills in Surgery						
2.Use and Care of equipments						
<b>D. Knowledge</b>						
1.Basic Science						
2.Clinical						
<b>E. Others</b>						
1.Completion of final notes						
2.Self-Education						
<b>F. Overall Competence</b>						

**Section B: General Comments** :(Describe general Competence, Motivation, Skills, Weakness and Strength of the Rotating Physician)

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Signature of the Supervisor and Date :

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