

Clinical Evaluation Form Sample for Surgical Residents

This **clinical evaluation form** sample is designed specifically for surgical residents to assess their skills and performance during clinical rotations. It helps supervisors provide structured feedback, ensuring a comprehensive review of surgical competencies. Utilizing this form supports consistent and objective resident evaluation.

Resident Information

Resident Name	
PGY Level	
Rotation	
Supervisor	
Evaluation Period	

Evaluation Criteria

Competency	Needs Improvement	Meets Expectations	Exceeds Expectations	Comments
Medical Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Patient Care & Technical Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Interpersonal & Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Practice-Based Learning & Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Systems-Based Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Strengths

Areas for Improvement

Overall Performance Rating

Select Rating

Supervisor Signature

Date: