

**Obstetrics & Gynaecology Residency Training Program  
Schulich School of Medicine, University of Western Ontario  
Daily Resident Performance Evaluation Card**

Trainee's Name \_\_\_\_\_

Date \_\_\_\_\_

On Call       Clinic       Operating Room/Ward Care

**Evaluation Domains**

	1	2	3	4	5	NA
<b>Medical Expert</b>						
<b>Clinical Assessment</b>						
<b>Clinical Management</b>						
<b>Surgical Skills</b>						
<b>Communicator</b>						
<b>Collaborator</b>						
<b>Manager</b>						
<b>Health Advocate</b>						
<b>Scholar</b>						
<b>Professional</b>						

Overall performance    Satisfactory    Unsatisfactory    Evaluation reviewed with trainee

Mentor \_\_\_\_\_ Date \_\_\_\_\_ Trainee \_\_\_\_\_ Date \_\_\_\_\_

Comments/Critical Events/Procedures:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Trainee's comments :

\_\_\_\_\_

\_\_\_\_\_

1-Fails to meet expectations 2-Below expectations 3-Meets expectations 4-Exceeds expectations 5-Far exceeds expectations NA-Not applicable