ECVECC Resident Externship Evaluation Form

To be completed and sent to the Resident’s main supervisor as soon as possible after the externship.

This form must be submitted with the Annual Progress Report to the Credentials Committee Chair.

**Resident name:**

**Top of Form**

**Type of residency programme:** Standard Alternative

**Period of externship:** from to

**Subject of the external rotation:**

**Name of centre where externship took place:**

**Top of Form**

**Centre:** Approved ECVECC Approved ACVECC Other

Please rate the resident’s performance:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Below expectations | Meets expectations | Exceeds expectations | Not Observed |
| Theoretical knowledge |  |  |  |  |
| Patient management |  |  |  |  |
| Team working skills |  |  |  |  |
| Professional behaviour |  |  |  |  |

**COMMENTS:**

I certify that the above-mentioned resident has visited my institution in the specified dates as part of his/her residency training programme.

**Overall, I am satisfied with the performance of this resident:** Yes/No

 (Delete as appropriate)

**Evaluator (name and qualifications):**

**Signature:**

**Date:**