McMaster University

<Learner.Picture>

General Surgery - End of Rotation Assessment

Learner: **<Learner.Last_Name>, <Learner.First_Name>**
Learner Program / Level: **<Learner.Trainee_Program> / <Learner.Tr_Level>**
Rotation / Program: **<Activity.Rotation> / <Activity.Rotation_Program>**
Location: **<Activity.Rotation_Location>**
Supervisor: **<Supervisor.Last_Name>, <Supervisor.First_Name>**
Evaluation Trigger / Period: **<Evaluation.Trigger_Type> / <Activity.Period>**

Please comment on the trainee's strengths demonstrated during this rotation:

Please provide specific and actionable feedback regarding the trainee's areas for improvement:

Please comment regarding this trainee's performance with respect to **Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional** competencies:

<Form.Completion_Status>   <Form.Current_Page>