

<Learner.Picture>

Pediatrics - 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>

	Incomplete 1	Unsatisfactory 2	Provisional Satisfactory 3	Satisfactory 4	
Please rate the resident's overall rotation performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Did the resident appropriately address the key goals related to this rotation (please see rotation plan)?				<input type="radio"/> Yes	<input type="radio"/> No

If NO, please comment:

Were there any concerns with patient safety? Yes No

If YES, please describe:

Were there any issues with professionalism (e.g. punctuality, attendance, late or missed completion of clinical tasks, poor communication, frequent conflicts with team, etc...)? Yes No

If YES, please describe:

Was there input from other faculty, allied health, patients and/or families for this ITAR: Yes No

If YES, please list:

Summative Comments:

Please provide comments regarding the resident's performance on the rotation, focusing on their overall performance and competencies/skills that are unique to your rotation and/or not covered by the EPAs.

Formative Comments:

Please provide 2 to 3 practical and specific suggestions for improvement:
