

Children's Hospital of Pittsburgh – International Rotation Evaluation

Instructions: Resident, please fill out items 1-5 and have your site mentor fill out the remainder of the evaluation and email or mail to Machele Maus at Machele.Maus@chp.edu.

1. Resident Name: _____

2. Date of Rotation: _____

3. Organization: _____

4. Location: _____

5. Brief Summary of Resident Responsibilities (may be completed by the resident): _____

6. Name and position of resident Mentor/Supervisor followed by a brief description of how this evaluation was completed (i.e., direct observation, feedback collected from several supervisors)

ASSESSMENT OF RESIDENT COMPETENCIES

	Not Observed	Unacceptable	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
Interpersonal & Communication Skills						
Respect for & recognition of cultural differences						
Cultural humility						
Communication skills including active listening						
Professionalism						
Interactions with co-workers						
Interactions with clients, patients or community members						
Practice Based Learning & Improvement and Systems Based Practice						
Flexibility in cross cultural settings						
Patient Care						
Reliability						
Initiative						
Effectiveness						
Medical Knowledge						
General knowledge of discipline						
Awareness of other pertinent information						
OVERALL						

SUMMARY ASSESSMENT OF RESIDENT:

Mentor signature: _____ Date: _____