ARAB BOARD OF RADIOLOGY AND MEDICAL IMAGING

RESIDENT'S IN-TRAINING EVALUATION
Yearly Trainee Evaluation

Name:		Training Center:	
Registration No.:		Date: From - To	
Year of Training:			

Please tick the appropriate box for each item using the number indicated for each column:

No.	Score / Criteria	1 Unsatisfactory	2 Below Average	3 Average	4 Above Average	5 Outstanding	N/A Not Applicable
	KNOWLEDGE						
1	Basic	☐	☐	☐	☐	☐	☐
2	Clinical	☐	☐	☐	☐	☐	☐
	CLINICAL SKILLS						
3	History & Physical Examination	☐	☐	☐	☐	☐	☐
4	Clinical Judgment & Decision Making	☐	☐	☐	☐	☐	☐
5	Consultation Skills	☐	☐	☐	☐	☐	☐
6	Performance in Emergencies	☐	☐	☐	☐	☐	☐
7	Appropriate Utilization of Investigation	☐	☐	☐	☐	☐	☐
8	Records & Reports	☐	☐	☐	☐	☐	☐
9	Participation in Scientific Activities	☐	☐	☐	☐	☐	☐
10	Participation in Research	☐	☐	☐	☐	☐	☐
	OPERATIVE & INTERVENTIONAL SKILLS						
11	Indications and Judgment	☐	☐	☐	☐	☐	☐
12	Technical Skills	☐	☐	☐	☐	☐	☐
	PERSONALITY & ETHICS						
13	Punctuality	☐	☐	☐	☐	☐	☐
14	Discipline & Reliability	☐	☐	☐	☐	☐	☐
15	Attitude to Patients	☐	☐	☐	☐	☐	☐
16	Attitude to Staff	☐	☐	☐	☐	☐	☐
17	Ability to Supervise	☐	☐	☐	☐	☐	☐

Comments:

Name of Evaluator:		Signature		Date:	

Official Use	Total Score =		X N* =
	Number of Evaluated Items =		

Note: Resident will be provided a copy

* N is the number of items evaluated