

**RESPIRATORY RESIDENCY PROGRAM
DAILY EVALUATION FORM**

RESIDENT	PGY	CLINIC NAME	DATE	PRECEPTOR

The RTC encourages you to discuss your evaluation with the Resident today if at all possible. You may also contact Dr. Karen Rimmer to discuss a Resident's performance at any time.

It's fair to give a Resident the benefit of the doubt if you suspect they are having an off day. However, a frank comment on an observed weakness or lapse and clear statement of your expectations are often more valuable to the Resident.

This was very good:

Coaching Points:

Avoid doing this again:

Please indicate with an X any other areas that need work.

<input type="checkbox"/>	Preparation for the day	<input type="checkbox"/>	Communication with patients & the team.
<input type="checkbox"/>	Patient assessments	<input type="checkbox"/>	Appropriate level of confidence/ownership
<input type="checkbox"/>	Problem Management	<input type="checkbox"/>	Other Specify:
<input type="checkbox"/>	Technical skills		
<input type="checkbox"/>	Knowledge		

THIS RESIDENT'S OVERALL PERFORMANCE TODAY WAS:

(Circle appropriate rating relative to current PGY level)

1	2	3	4	5
Unsatisfactory	Borderline or Some Weaknesses	Satisfactory for level of training	Consistently Exceeds Expectations	Truly Exceptional Performance

Resident's Comments and Signature: