

ABC Hospital

EVALUATION FOR **EMERGENCY ROOM** ROTATION

S=SATISFACTORY/U=UNSATISFACTORY

- 1. The resident participated in the treatment of common medical emergencies. **S/U**

- 2. The resident participated in podiatric as well as orthopedic emergencies. **S/U**

- 3. The resident did successfully complete an Advanced Cardiac Life/ Basic Life Support Course as a prerequisite for residency graduation. **S/U**

- 4. The resident is able to assess a life threatening condition. **S/U**

- 5. The resident is able to assess a limb threatening emergency. **S/U**

Rotation Director Signature _____ Date _____

Resident _____ Date _____

DPME Signature _____ Date _____

COMMENTS: _____
