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:_____________________________________________________________________
_____________________________________________________________________________

Revised 4/2012