

ABC Hospital

EVALUATION FOR **GENERAL SURGERY** ROTATION

S=SATISFACTORY, U=UNSATISFACTORY

1. The resident is knowledgeable about the procedure and the medical history and complications. **S/U**

2. The resident comprehends clinical reasoning for the scheduled procedure. **S/U**

3. The resident will be able to identify general anatomy as it pertains to the procedure. **S/U**

4. The resident will be able to explain the principles of wound healing and demonstrate proper suturing technique. **S/U**

5. The resident will demonstrate adequate knowledge in the post-operative management of patients. **S/U**

Rotation Director Signature _____ Date _____

Resident _____ Date _____

DPME Signature _____ Date _____

Comments _____
