

## Instructor's Evaluation Form: Ophthalmology Resident's International Elective Program

Department of Ophthalmology, Faculty of Medicine, Prince of Songkla University

**Instructions:** Please mark (/) in Good, Fair, or Needs Improvement as most closely corresponds to your evaluation of the resident for each statement. Please provide additional comments concerning ways this resident could improve his or her development

**Resident's Name-Surname**.....

**Starting date of course** .... /..... /..... to .... /..... /.....

**Department / field:** .....

**Hospital:** .....

Attendance: ( ) Perfect ( ) Sick leave.....day(s) ( ) Business leave.....day(s) ( ) Absent with no excuse .....day(s)

Only necessary leave is permitted and please enclose the forms and student's medical certificated pertaining to leave and absences.

Items	Good	Fair	Needs improvement *	Cannot evaluate**
1. Knowledge and self development during elective course	Presents good understanding and shows ongoing self development	Has shown some improvement in knowledge and self development	Shows marginal improvement of knowledge and / or self development	
2. Skills in taking patient histories, doing the eye examination (if applicable), collecting and presenting data.	Has acquired good skills, makes only small mistakes, with ongoing self development	A few mistakes caused by lack of experience, fair self development	Many mistakes, poor self development	
3. Attitude and ethics				
3.1 Working attitude	Pays very good attention and keen to work/study	Reasonably good attention and enthusiasm	Disinterested and / or shows little enthusiasm	
3.2 Learning behavior	Good punctuality and responsibility for the assignment	Fairly punctual, and accepts responsibility for the assignment	Regularly late and / or shows little responsibility for assignment	
3.3 Teamwork skills	Friendly and shows good teamwork skills	Friendly and able to work as part of a team	Not friendly and / or has problems working on a team	

\* Please provide further details for resident's improvement in areas marked as "Needs improvement" : .....

\*\* Please give specific reasons for any section marked "Cannot evaluate" : .....

Other comments.....

**Assessor**.....

(.....)

**Position**.....

**Date** ..... /..... /.....