



To be completed by _____

On this form, you will be evaluating _____

For dates: _____ to _____

Journal Club Evaluation

Please circle the number corresponding to the residents' performance.

	1 unacceptable	2 inadequate	3 barely adequate	4 adequate	5 outstanding
Clearly Presents Summary of Article	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accurately Highlights Statistical / Clinical Issues related to the Article	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledgeable of Literature in the Field	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriately Describes Impact of this Article in the Field	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responds to Audiences Questions Appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

* Did you have an opportunity to meet with this trainee to discuss their performance?

Yes

No

(for the evaluatee to answer...)

* Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No