

Praise Card About A Trainee

Department of Medicine



Evaluator: _____

Evaluation of: _____

Date: _____

Please Note: Information entered on this form is available to the directors and to the person being praised.

Reason for Praise

1. My praise about the performance of this trainee is based on his/her demonstration of exceptional ability in the following: (please check)*

- Clinical Judgement
- Clinical Skills
- Medical Knowledge
- Communication Skills
- Teaching
- Professionalism
- Team Management and Leadership
- Critique of Medical / Scientific Literature
- Conduct of Research

Praise Comments *

