

## IN-TRAINING EVALUATION REPORT Laboratory Specialties

NAME: Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_

PROGRAM:       Cytogenetics       Biochemical       Molecular

LEVEL OF TRAINING: Fellow       0 I       0 II       0 III

PERIOD OF TRAINING: From \_\_\_\_\_ To \_\_\_\_\_

INSTITUTION: \_\_\_\_\_, SERVICE: \_\_\_\_\_

UNIVERSITY: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

CRITERIA	FAIL	BORDER- LINE	PASS	OUTSTAN- DING	NOT APPL.	CANNOT ASSESS
<b>A. FUNDAMENTAL SKILLS</b>						
1. LABORATORY RESULT ASSESSMENT AND INTERPRETATION						
2. RECORDS & REPORTS (INCLUDING ORAL REPORTS)						
3. CONSULTATIVE SKILLS AND FOLLOW-UP OF CASES						
4. SOUNDNESS OF JUDGEMENT & DECISIONS						
5. PERFORMANCE UNDER PRESSURE						
<b>B. TECHNICAL SKILLS</b>						
1. TECHNICAL SKILLS RELATED TO: CYTOGENETICS/BIOCHEMICAL/MOLECULAR						
2. USE AND CARE OF LABORATORY EQUIPMENT						
3. SAFETY						
<b>C. SPECIAL CRITERIA</b>						
LABORATORY MANAGEMENT SKILLS						
<b>D. PROFESSIONAL ATTITUDES</b>						
1. LABORATORY STAFF RELATIONSHIPS						
2. CLINICAL STAFF RELATIONSHIPS						
3. SENSE OF RESPONSIBILITY						
4. ATTENTION TO QUALITY ASSURANCE MEASURES (ACCURACY, PREVENTION)						
5. SELF-ASSESSMENT ABILITY (INSIGHT)						
E. RESEARCH						
<b>F. KNOWLEDGE</b>						
1. LABORATORY SPECIALTY						
2. CLINICAL GENETICS						
3. BASIC SCIENCE						
G. OVERALL COMPETENCE						

COMMENTS: (please use other side of page)

