### Instructions
Please rate the resident, compared to expectations for LSUHSC Neurology resident at this level, on the following aspects of supervision by checking the appropriate box. For COMMENTS, please check the box and elaborate on p.2, making reference to the specific item number addressed. We do not want these forms to replace face-to-face feedback so please discuss your evaluation with the resident and indicate that you have done so on p. 2. We also ask that you provide feedback to the resident mid-way through the rotation. Please check PGY level.

### Medical Knowledge
<table>
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<tr>
<th>Below Expected</th>
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<th>Above Expected</th>
<th>N/A</th>
<th>See Comments</th>
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1. Demonstrate basic science knowledge and skills in neuroimaging.
2. Demonstrate organized thinking in interpreting studies.
3. Demonstrate the ability to carry out a differential diagnosis.

### Interpersonal and Communication Skills
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1. Interact appropriately with technical staff and others on the team.

### Professionalism
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</table>
1. Arrive on time and interact in a positive manner

### Overall
1. Did the resident meet the Goals & Objectives for this rotation? YES NO
2. Was the resident monitored for fatigue, sleep deprivation and stress? YES NO
3. Have you met with the resident to provide feedback mid-way through the rotation? YES NO
4. Have you met with the resident to discuss the content of this evaluation? YES NO
5. Is there anything that should be known by the Evaluation Committee that would prevent this resident from being promoted to the next level? If yes, please describe in comments.

### Specific Comments
Please include competency and question number.

### Please comment on strengths and weaknesses:

Signature of Evaluator:

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Tuesday, January 20, 2009

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