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**BRESO TRAINING PROGRAMME EVALUATION FORM**

This evaluation form shall be completed by the program director of the breast fellow and returned to BRESO Secretariat after the training programme at [**info@breastsurgeoncertification.com**](mailto:info@breastsurgeoncertification.com)

1. **Surgical knowledge**
2. Poor knowledge base
3. Adequate knowledge base

5 Outstanding funds of knowledge, extremely well read

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| Final Term Evaluation date | 5 | 4 | 3 | 2 | 1 |
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1. **Technical skills**
2. Serious difficulties with basic skills

3 Adequate performance for this level

5 Superb, far beyond skills at this level

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| Final Term Evaluation date | 5 | 4 | 3 | 2 | 1 |
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1. **Breast Surgical Judgement**
2. Frequent errors by judgement
3. Usually displays good judgement, may need help with complex decisions

5 Superb rational thinker, uses evidence based decisions

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| Final Term Evaluation date | 5 | 4 | 3 | 2 | 1 |
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1. **Clinical Skills**
2. Poor H&P skills, poor understanding of diagnosis work ups
3. Satisfactory H&P, occasionally order unnecessary test

5 Superb H&P skills, understand and orders test appropriately

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| Final Term Evaluation date | 5 | 4 | 3 | 2 | 1 |
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1. **Responsibility & Initiative**
2. Frequently fails to follow through, unproductive

3 Usually carries full share of workload, occasionally needs reminder

5 Extremely conscientious, takes on extra work

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**OVERALL EVALUATION**

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| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**COMMENTS:**

Click or tap here to enter text.

**SIGNED BY DIRECTOR OF BRESO PROGRAM**

Click or tap here to enter text.

Please return to the BRESO secretariat at [**info@breastsurgeoncertification.com**](mailto:info@breastsurgeoncertification.com)