

Student Progress Report

Name: Nolan O. Aludino, MD

Year Level : V

Date 10-29-2007

I. COMPETENCIES

Rating Scale

[Use (x) - pre-/previous and
(0) - post-/present evaluation]

Where I - Incompetent
C – Competent

1. Solver of community health problem	I---+--- ---+--XO--C
2. Physician-general surgeon	I---+--- ---+--XO--C
2.1 Rapport	I---+---+---+--XO--C
2.1 Clinical Diagnosis	I---+--- ---+--XO--C
2.2 Paraclinical Diagnosis	I---+--- ---XO+---C
2.3 Treatment	I---+--- ---+XO---C
2.4 Advice	I---+--- ---+--XO--C
3. Emergency medicine-surgery	I---+--- ---+--XO--C
4. Self-directed learner	I---+--- ---XO+---C
5. Educator	I---+--- ---XO+---C
6. Researcher	I---+--- ---+ XO --C
7. Administrator of a health care unit	I---+--- ---XO+---C
8. Manager	I---+--- ---+XO---C
9. Board Passer	I---+--- ---+ XO --C

Overall Assessment for (S): S

Note: One failure is automatically FAIL. If FAIL, justify.

E - Excellent - Progressing

S - Satisfactory - Progress maintained

NI - Needs improvement - No progress

F - Fail - Backsliding

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II. SKILLS

	Assessment (E, S, NI, F)	Remarks
(E – Excellent; S – Satisfactory; NI - Needs improvement; F – Fail)		
1. Interpersonal	___S___	_____
2. Communication	___S___	_____
2.1 Oral	___S___	_____
2.2 Written	___S___	_____
2.3 Handwriting	___S___	_____
3. Critical thinking/analysis	___S___	_____
4. Decision-making/problem solving	___S___	_____
5. Technical	___S___	_____
6. Group learning	___S___	_____
7. Referral	___S___	_____
8. Others _____	_____	_____

Overall Assessment for (II): S

Note: One failure is automatically FAIL. If FAIL, justify.

E - Excellent
S - Satisfactory
NI - Needs improvement
F - Fail

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III. ATTITUDE/TRAIT/PERSONALITY

	Evaluation (A, O, S, NI)	Remarks
(A - Always; O - Often; S - Seldom; NI - Needs improvement)		
1. Community-oriented	___A___	_____
2. Teamwork	___A___	_____
3. Compassionate/concern	___A___	_____
4. Responsible	___A___	_____
5. Hardworking/eager to learn	___A___	_____
6. Resourceful/innovative	___A___	_____
7. Humble/accept limitation	___A___	_____
8. Role model	___A___	_____
9. Good health habits	___A___	_____
10. Show respect to human life	___A___	_____
11. Show respect to colleagues	___A___	_____
12. Show respect to authority	___A___	_____
13. Others _____	_____	_____

Overall Assessment for (III): S

Note: If FAIL, justify.

E - Excellent

S - Satisfactory

NI - Needs improvement

F - Fail

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IV. DISCIPLINE

	No.	Remarks
1. Absences in work/conferences	<u>4</u>	_____
2. Tardiness in work/conferences	<u>3</u>	_____
3. No/late reports	<u>0</u>	_____
4. Critical incident reports (Describe/incorporate)	<u>0</u>	_____
5. Others _____	_____	_____

Overall Assessment for (IV): S

Note: If FAIL, justify.

E - Excellent

S - Satisfactory

NI - Needs improvement

F - Fail

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V. ACADEMIC PERFORMANCE

	Course No.	Module Title	Assessment (E, S, NI, F)
1.	___	Patient management process	___S___
2.	___	MAR	___S___
3.	___	Medical Recording	___S___
4.	___	Medical Photography	___S___
5.	___	Research	___S___
6.	___	Surgical Curriculum	___S___
7.	___	Disaster Preparedness Program	___S___
8.	___	Test constructions	___S___
9.	___	Online GS Journal	___S___
10.	___	Medical presentation	___S___

Overall Assessment for V: S

Note: One failure is automatically FAIL. If FAIL, justify.

E - Excellent - Outstanding achievement of all objectives.

S - Satisfactory - Achievement of all objectives.

NI - Needs improvement - Unsatisfactory achievement of some objectives; incomplete achievement of objectives.

F - Fail - No objective achieved; unsatisfactory despite remedials.

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SUMMARY:

I - E S NI F
II - E S NI F
III - E S NI F
IV - E S NI F
V - E S NI F

DECISION:

Note: One failure is automatically FAIL.

- ☐ Needs remedials
☐ Needs improvement
☐ Eligible for promotion to _____
☐ Not eligible for promotion

Remarks:

Printed Name with Signature: _____

Evaluator

Date: _____

Noted By:

Training Officer

Chairman