

<p><u>VI. Regarding “manager”:</u></p> <p>A. functioning within the health care organisation B. allocating the available resources for patient care C. knowledge about information technology</p> <p><u>VII. Regarding “professional”:</u></p> <p>A. knowledge of own competencies B. individual and interpersonal professional behaviour C. dedication to patient care</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>3. PORTFOLIO Does the resident adequately keep up with the portfolio?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. FORMAL COURSES Does the resident participate in formal courses?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. PATIENT CARE</p> <p>A. Does the resident correctly keep medical records up to date and does the resident report to general practioners and other referring professionals carefully and timely?</p> <p>B. Does the resident participate in patient conferences, multidisciplinary discussions and review meetings?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. ASSESSMENT</p> <p>A. <u>Assessment of suitability</u> (article B.6) Is the resident suitable and capable of continuing the education programme? If not, what are your reasons for this? Or</p> <p>B. <u>Annual assessment</u> (article B.7) What is your annual assessment of this resident?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

Date:

Date:

Endorsed,

.....
(Signature resident)

.....
(Signature residency programme director)