

Resident Oral Examination - Radiation Oncology

Date of exam: _____ Resident: _____

Examiner: _____ Subject: _____

Case 1: _____

68 Failure
69
70 Satisfactory
71
72 Outstanding

Case 2: _____

68 Failure
69
70 Satisfactory
71
72 Outstanding

Case 3: _____

68 Failure
69
70 Satisfactory
71
72 Outstanding

Case 4: _____

68 Failure
69
70 Satisfactory
71
72 Outstanding

Case 5: _____

68 Failure
69
70 Satisfactory
71
72 Outstanding

Overall: 68 Failure 69 70 Satisfactory 71 72 Outstanding

Overall, please provide feedback on resident performance in each of the following areas:

Information gathering

Treatment

Outcomes

Knowledge Application

Faculty signature

Resident signature