PROGRAMA DE RESIDÊNCIA MÉDICA EM ANESTESIOLOGIA

AVALIAÇÃO DE RESIDENTE

**MÓDULO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MÉDICO RESIDENTE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MÓDULO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERÍODO:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ a \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

**ATIVIDADES TEÓRICAS:**

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| **ATIVIDADE** | **DATA** | **TEMA** |
| **Seminário do módulo** |  |  |
| **Clube de Revista** |  |  |
| **Visita (caso selecionado)** |  |  |
| **Sessões** |  |  |
| **Cursos** |  |  |

**OBSERVAÇÕES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ATIVIDADES PRÁTICAS (PRÉ-ANESTÉSICO):**

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| **DATA** | **HORÁRIO** | **ESPECIALIDADE** | **PRECEPTOR** |
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| **DATA** | **HORÁRIO** | **ESPECIALIDADE** | **PRECEPTOR** |
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**OBSERVAÇÕES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ATIVIDADES PRÁTICAS (PÓS-ANESTÉSICO):**

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**OBSERVAÇÕES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLANTÕES:**

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| **DATA** | **LOCAL** | **TURNO** | **PRECEPTOR** |
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**OBSERVAÇÕES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(Assinatura, DATA e Carimbo)**

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| **MÉDICO**  **RESIDENTE** | **PRECEPTOR RESPONSÁVEL**  **PELO MÓDULO** | **SUPERVISOR**  **DO PROGRAMA** | **GERÊNCIA**  **TÉCNICO-PEDAGÓGICA** |
| **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** |