

360 DEGREE EVALUATION FORM

Dr. _____

Date _____

Please describe the nature of your interaction and duration of contact with the resident for this rotation:

Please indicate job function (underline one):

| | | |
|---|---|---|
| <input type="checkbox"/> Technician | <input type="checkbox"/> clerk/scheduling | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Ophthalmology resident (year ____) | <input type="checkbox"/> medical student | <input type="checkbox"/> Visiting resident (service _____) |
| <input type="checkbox"/> | <input type="checkbox"/> Referring physicians (service _____) | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Resident – SELF EVALUATION | |

EVALUATION: Based on your observations of performance . Indicate NA if you cannot comment on specific skill set.

| Based on your interaction with the resident can you rate them in the following categories. | Below Expectations 1 | Expected 2 | Exceeded Expectations 3 | Unable to assess |
|---|-------------------------|---------------|----------------------------|------------------|
| Demonstrated integrity and honesty | | | | |
| Act in the best interest of patients | | | | |
| Demonstrate sensitivity and respect towards the patient (i.e. age, disability or ethnicity) | | | | |
| Reliability and responsibility | | | | |
| Ethical in behavior | | | | |
| Communicate effectively with patients and staff | | | | |
| Professional in appearance | | | | |
| Works effectively as team member with staff, students and colleagues | | | | |
| Works cooperatively with fellow residents | | | | |
| Responsive and compliant with administrative requirements: forms, policies and procedures | | | | |
| Teaching performance | | | | |
| Knows the limits of his/her abilities and asks for help | | | | |
| Makes patient care and well being a priority | | | | |
| Respectful and considerate of patients | | | | |
| Takes extra responsibilities when the need arises | | | | |
| Courteous and considerate of all ancillary staff | | | | |
| Follows through on tasks he/she agreed to perform | | | | |
| Takes responsibility for actions; does not blame others | | | | |
| Average point score on graded categories only. (please add total points / total items graded) | Raw score. | | Percent score. | |

COMMENTS, REMARKS, EXPLANATIONS:

Evaluator.

Date

