

RESIDENT PEER ASSESSMENT QUESTIONNAIRE

360 Degree Evaluation (Short Form)

Resident's Name: _____ Evaluator's Name: _____ Inpatient___ Outpatient___

Program/Specialty: _____ Year of Training: _____ Evaluation Date: _____

How familiar are you with this resident's work? Very Well 6 5 Somewhat 4 3 2 Hardly at All 1

The following statements describe physician behaviors. Compared to other residents at the same level of training, rate the resident's performance using the scale to the right.

	<u>Never</u>	<u>Sometimes</u>	<u>Half The Time</u>	<u>Often</u>	<u>Always</u>	<u>Unable to Evaluate</u>
A. PROFESSIONALISM						
1. Demonstrates respect for the patient's						
a. Culture	1	2	3	4	5	UE
b. Gender	1	2	3	4	5	UE
c. Disability	1	2	3	4	5	UE
d. Sexual Orientation	1	2	3	4	5	UE
e. Age	1	2	3	4	5	UE
f. Religion	1	2	3	4	5	UE
2. Demonstrates respect for nurses	1	2	3	4	5	UE
3. Demonstrates respect for support staff	1	2	3	4	5	UE
4. Maintains confidentiality of patients and their families	1	2	3	4	5	UE
5. Shows compassion for patients and their families	1	2	3	4	5	UE
6. Seeks consultation/supervision when appropriate	1	2	3	4	5	UE
7. Functions effectively as a member of the team	1	2	3	4	5	UE
8. Demonstrates responsibility	1	2	3	4	5	UE
9. Completes assigned tasks	1	2	3	4	5	UE
10. Manages personal stress responsibly	1	2	3	4	5	UE
11. Answers pages in a timely fashion	1	2	3	4	5	UE
B. INTERPERSONAL & COMMUNICATION SKILLS						
1. Communicates effectively with patients	1	2	3	4	5	UE
2. Communicates effectively with patient's families	1	2	3	4	5	UE
3. Communicates effectively with other health care professionals	1	2	3	4	5	UE
4. Communicates referral information to patients	1	2	3	4	5	UE
5. Maintains complete medical records	1	2	3	4	5	UE

Comments and overall appraisal of resident:

Strategies/resources that would help improve performance: