Resident Evaluation of Attending/Rotation

Rotation: _____ **Required** **Elective**

Attending(s) Name: _____ **Date:** _____

**Check the rating which best describes the rotation and/or attending(s)

	Unsatisfactory			Satisfactory			Superior		
Respect for Resident									
Is Punctual	1	2	3	4	5	6	7	8	9
Is organized/focused on rounds	1	2	3	4	5	6	7	8	9
Is respectful of resident's time commitments	1	2	3	4	5	6	7	8	9
Is available	1	2	3	4	5	6	7	8	9
Treats resident as team member	1	2	3	4	5	6	7	8	9
Professionalism									
Is committed to the highest standards in patient care	1	2	3	4	5	6	7	8	9
Is committed to scholarship	1	2	3	4	5	6	7	8	9
Demonstrates humanistic qualities	1	2	3	4	5	6	7	8	9
Interacts well with patients/families	1	2	3	4	5	6	7	8	9
Interacts well within physicians & other health care professionals	1	2	3	4	5	6	7	8	9
Demonstrates the highest ethical standards	1	2	3	4	5	6	7	8	9
Serves as role model	1	2	3	4	5	6	7	8	9
Attending Attributes									
Demonstrates in-depth knowledge & skills of specialty	1	2	3	4	5	6	7	8	9
Provides intellectual stimulation	1	2	3	4	5	6	7	8	9
Integrated social & ethical aspects of medicine	1	2	3	4	5	6	7	8	9
Provides teaching during contact hours	1	2	3	4	5	6	7	8	9
Osteopathic Principles									
Integrates osteopathic principles/practice in teaching/ patient care	1	2	3	4	5	6	7	8	9

Rotation Data

Average number of patients/day	1 - 5	6 - 12	13 +
Average attending contact hrs/day	1 - 3	4 - 6	7 +

Increased responsibility commensurate with knowledge/experience	YES	NO
Procedure exposure	YES	NO

Patient Case Mix	Narrow	Wide

	All Service			Neutral			All Education		
Balance between service vs. education	1	2	3	4	5	6	7	8	9

Weaknesses: _____

_____

Strengths: _____

_____

Comments: _____

_____

_____

Overall Evaluation: Poor Average Above Average Superior

Recommendation:
Would you recommend this rotation to another resident: Yes No

If no, please explain: _____

_____

_____

** All evaluations are confidential and reported anonymously.