RESIDENT EVALUATION
Learning Objectives

NAME: ___________________________

PGY: 1 2 3

MONTH/YEAR: ______________

Please evaluate the resident by circling the appropriate response using the following key:
1 = Unsatisfactory
2 = Needs Improvement
3 = Meets Expectations
4 = Exceeds Expectation
5 = Outstanding
NA = Not applicable/Not observed

Learning Objective/s:

- Gathered accurate, essential information from all sources (text, on-line, evidence-based guidelines, etc) 1 2 3 4 5 NA

- Demonstrates knowledge of the specific learning objective 1 2 3 4 5 NA

- Demonstrates ability to apply acquired knowledge to clinical or community problem-solving, decision-making, or critical thinking 1 2 3 4 5 NA

- Demonstrates professionalism and effective interpersonal and communication skills 1 2 3 4 5 NA

- Demonstrates an ability to develop strategies using or enhancing existing resources to improve the health of patients or the community 1 2 3 4 5 NA

- Demonstrates proper attention to issues of culture, religion, age, gender, sexual orientation, and mental/physical disabilities 1 2 3 4 5 NA

- Demonstrates professionalism and effective interpersonal and communication skills in relationships with patients, colleagues, or community members 1 2 3 4 5 NA
OVERALL COMMENTS:

OVERALL EVALUATION  1  2  3  4  5  NA

RESIDENT COMMENTS:

___________________________________________

___________________________________________

EVALUATOR(S):_____________________________________________ DATE:

RESIDENT:_________________________________________________ DATE: