Peer Evaluation of Intern/Resident

Intern/Resident's Name:

Dates of Evaluation:

Scale
1=Strongly Disagree
2=Disagree
3=Neutral
4=Agree
5=Strongly Agree
X=Unable to Evaluate

Resident=Intern and Resident

Please check the appropriate number for each item using the scale. Please provide any relevant comments.

This Resident:		Scale					

#	This Resident:	1	2	3	4	5	X
1	Exhibits appropriate personal and interpersonal behaviors.	☐	☐	☐	☐	☐	☐
2	Is punctual and dependable.	☐	☐	☐	☐	☐	☐
3	Demonstrates ability to work with others, as a part of a team, and responds positively to feedback.	☐	☐	☐	☐	☐	☐
4	Maintains medical records that are thorough and clear to team members unfamiliar with the patient.	☐	☐	☐	☐	☐	☐
5	Is sensitive and responsive to issues of gender, age, culture, oeconomic status, religion, sexual preference, and disabilities of both patients and colleagues.	☐	☐	☐	☐	☐	☐
6	Exhibits effective verbal and non-verbal, as well as questioning skills when communicating with patients and families.	☐	☐	☐	☐	☐	☐
7	Patients feel cared for by this resident.	☐	☐	☐	☐	☐	☐
8	As a result of this resident's communication, I feel on the same page as them.	☐	☐	☐	☐	☐	☐
9	This resident listens effectively.	☐	☐	☐	☐	☐	☐
10	I feel respected and treated with courtesy by this resident.	☐	☐	☐	☐	☐	☐
11	This resident consistently demonstrates positive professional behavior.	☐	☐	☐	☐	☐	☐
12	This resident presents medical information in a concise and precise manner.	☐	☐	☐	☐	☐	☐
13	This resident consistently acts in an ethical manner.	☐	☐	☐	☐	☐	☐
14	This resident is a caring physician.	☐	☐	☐	☐	☐	☐
15	This resident provides informed consent to his patients.	☐	☐	☐	☐	☐	☐
16	This resident gathers pertinent medical information from all necessary sources.	☐	☐	☐	☐	☐	☐
17	This resident does all that they need to do in order to effect high quality patient care.	☐	☐	☐	☐	☐	☐
18	I was able to reach this resident when I needed them.	☐	☐	☐	☐	☐	☐
19	This resident keeps up-to-date on the latest medical knowledge.	☐	☐	☐	☐	☐	☐

Comments: