

Resident Performance Evaluation Form

Dear Faculty Member:

You are being asked to complete this electronic form based on a concerning encounter you had with a pediatric resident. The intent of this form is to provide documentation of the encounter, the actions that you took, as well as the response of the resident to the feedback and their plan for improvement. This form will not be and does not need to be anonymous as your personal, first-hand feedback to the resident is essential to the process. The Pediatric Residency Office will keep this form in the resident's file, and based on subsequent resolution or relapse of the behaviors, will take further action.

We thank you for taking the time to complete this form. As we train our residents, the feedback of our faculty is one of the most impactful methods for improving performance, and we greatly appreciate your investment in their education.

Faculty Name:

Resident Name:

Rotation/Event Location:

Concerning Behavior/Clinical Performance/Knowledge Deficit:

[give specific examples of behaviors, including any adverse clinical or educational outcomes]

Feedback Provided:

[include date, setting and content of feedback; what was the resident's response; was their recognition/insight to behaviors]

Plan for Improvement:

[provide specific details of the plan; did the resident help create the plan; how will the resident's improvement be measured]