Evaluation Form Printed on Aug 09, 2017

Fellow Evaluation of a Resident						
Evaluator:	Dej	partment of Medic	ine	UPS MEDICAL I	INIVERSITY	
Evaluation of:					F MEDICINE	
Date:						
Date.						
Please be thoughtful and candid with your evaluation. Also, please complete all evaluations	of our house o	fficers within 10	days. Thank	you.		
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
	1	2	3	4	5	0
 The resident seeks out, accepts, and incorporates feedback from all members of the healthcare team.* 						
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
	1	2	3	4	5	0
2. The resident shows interest in performing procedures.*		_	0			
ž.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
	1	2	3	4	5	0
3. The resident has a stong ability to communicate, both in writing and/or verbally, with other members of the healthcare team.*		П		П		
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
	1	2	3	4	5	0
4. The resident efficiently manages his/her responsibilities to his/her team (i.e. completes tasks in a timely and thorough fashion), and has a willingness to accept more responsibility for the benefit of the team.*	П	0	0	D		
	· 				<u> </u>	1
	Strongly	Disagree	Neutral	Agree	Strongly	N/A

	Disagree				Agree	
	1	2	3	4	5	0
. The resident always follows through on any orders/direction given by the ttending/fellow in a timely fashion.*						
Le com anno considerato an posiderato anticompanyo (urbini ginocula						
. In your own words, please elaborate on resident's performance (which should include strengths, weaknesses, and something unique about the resident).						