

Radiation Oncology Resident Evaluation – Modified 360

Resident: _____ Rotation Dates: _____

Evaluator: _____ Date (today): _____

Circle the number that indicates how characteristic each behavior below is of the resident you are evaluating.

	1	2	3	4	5	6	7	8	9
	<u>NOT AT ALL</u> CHARACTERISTIC			CHARACTERISTIC			<u>HIGHLY</u> CHARACTERISTIC		
Professionalism									
1. Responsibility	1	2	3	4	5	6	7	8	9
	Accepts responsibilities willingly; follows through on tasks carefully and thoroughly; is dependable and industrious; responds to requests in a helpful and prompt manner								
2. Scope of practice	1	2	3	4	5	6	7	8	9
	Recognizes limits of his/her abilities; asks for help when needed; refers patients when appropriate; exercises authority accorded by position and /or experience								
3. Patient needs	1	2	3	4	5	6	7	8	9
	Responds to each patient's unique needs and characteristics by being sensitive to issues related to patient culture, age, gender and disabilities; provides equitable care regardless of patient culture or socioeconomic status								
4. Integrity and ethical behavior	1	2	3	4	5	6	7	8	9
	Takes responsibility for actions; admits mistakes; puts patient needs above own interests; recognizes and addresses ethical dilemmas and conflicts of interest; maintains patient confidentiality								
Interpersonal & Communication Skills									
5. Relationship-building	1	2	3	4	5	6	7	8	9
	Establishes rapport with patients and their families; demonstrates care and concern; is respectful and considerate; provides reassurance; manages difficult patient/family situations								
6. Team interaction	1	2	3	4	5	6	7	8	9
	Demonstrates courtesy to and consideration of consultants, therapists, physicists, & other team members; provides timely updates; invites others to share their knowledge and opinions; negotiates & compromises when disagreements occur								
Overall rating of Professionalism and Interpersonal & Communication Skills	<u>UNSATISFACTORY</u>			SATISFACTORY			<u>SUPERIOR</u>		
	1	2	3	4	5	6	7	8	9

Please explain "not at all characteristic" ratings.

Evaluator Signature

Resident Signature

The resident and I discussed this evaluation and the resident's overall performance in the program, and ways to improve performance as needed.

Program Director Signature

Date