

Resident Evaluation of Attending Physician

Annual or Rotation:

Date:

Rating Scale: 1=Fail 2=Below Average 3=Satisfactory 4=Above Expectations 5= Superior

Please Circle Rating (Ratings less than 3 "Satisfactory" require comments.)

The attending physician on this rotation:		Comments:
1. Included me in all appropriate aspects of the rotation.	N/A 1 2 3 4 5	
2. Explained/ clarified the reasons for certain actions.	N/A 1 2 3 4 5	
3. Encouraged my questions and comments.	N/A 1 2 3 4 5	
4. Responded thoughtfully to my questions.	N/A 1 2 3 4 5	
5. Responded informatively to my questions.	N/A 1 2 3 4 5	
6. Allowed me direct opportunities to practice technical skills.	N/A 1 2 3 4 5	
7. Was accessible to me throughout the rotation.	N/A 1 2 3 4 5	
8. Provided constructive feedback without belittling me.	N/A 1 2 3 4 5	
9. Provided opportunities to learn business and managerial aspects of medicine/rotation/practice.	N/A 1 2 3 4 5	
10. Provided appropriate supervision of my patient care.	N/A 1 2 3 4 5	
11. Balanced teaching and patients.	N/A 1 2 3 4 5	
12. Encouraged me to form a differential diagnosis and treatment plan for my patients.	N/A 1 2 3 4 5	
13. Treated patients with respect.	N/A 1 2 3 4 5	
14. Was up-to date on current literature.	N/A 1 2 3 4 5	
15. Was a good role model.	N/A 1 2 3 4 5	
16. Used bedside teaching to demonstrate medical interviewing and exam skills.	N/A 1 2 3 4 5	
17. Worked effectively with others as either a member or a leader of the health care team	N/A 1 2 3 4 5	
18. Promoted and encouraged the practice of OPP/OMT.	N/A 1 2 3 4 5	
20. Kept interruptions to a minimum.	N/A 1 2 3 4 5	
21. Encouraged a cost-conscious approach to patient care.	N/A 1 2 3 4 5	
22. Showed respect for physicians and other health care professionals.	N/A 1 2 3 4 5	

This evaluation has been reviewed:

Signature of Program Director

(Date)