

360° Rating Form

Institution Name: _____ **Date:** _____

Resident ID (a numeric id): _____ **Rotation circle one:** PG1 PG2 PG3 PG4 PG5

Staff -circle one: Admin (secretary or other), Dept Chair, Faculty, Nurse, PA, Peer,
Program Director, Program Coordinator, Self

For each item, circle the number that corresponds with how characteristic the behavior is of the resident you are evaluating. Using the rating scale below:

(1) (2) (3) (4)

Unsatisfactory Marginal Satisfactory Excellent

Note: An average resident should rate a (3) –Satisfactory

PROFESSIONALISM (1-6), INTERPERSONAL & COMMUNICATION SKILLS (7-12)	Unsatisfactory	Marginal	Satisfactory	Excellent	Do not know
1. Follows through on tasks he/she agreed to perform	1	2	3	4	DK
2. Respects patient's privacy and autonomy	1	2	3	4	DK
3. Takes responsibility for actions, admits mistakes and does not blame others	1	2	3	4	DK
4. Makes patient care and well-being a priority	1	2	3	4	DK
5. Provides equitable care regardless of patient culture and socioeconomic status	1	2	3	4	DK
6. Is honest in interactions with others	1	2	3	4	DK
7. Is respectful and considerate in interactions with patients	1	2	3	4	DK
8. Is willing to answer questions and provide explanations	1	2	3	4	DK
9. Is courteous to and considerate of nurses and other staff	1	2	3	4	DK
10. Discusses patient issues clearly with staff and faculty	1	2	3	4	DK
11. Listens to and considers what others have to say about relevant issues	1	2	3	4	DK
12. Maintains complete and legible medical records	1	2	3	4	DK

Additional Written Comments:
