

**Resident Rotation Evaluation By Faculty
Eastern Virginia School of Medicine
Department of Dermatology**

Guidelines: (1) place appropriate number in each category; (2) For all ratings "1-3" an example of performance must be provided; (3) If performance is "1-3" suggest a remedial action; (4) Evaluate residents relative to performance of others at this level of training; (5) This evaluation must be discussed with each evaluated resident and the discussion indicated by signatures and dates.

<u>Not observed/Not applicable</u>	Rating Scale:		<u>Satisfactory*</u>
<u>Superior*</u>	<u>Unsatisfactory*</u>		
0	1,2,3	4,5,6	7,8,9
* for level of training			

Name: _____

Rotation: _____

Dates: _____

- Patient care** – Provides patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health; develops and implements patient care plans.

Numerical Rating ____

Example(s) of performance/comments:

- Medical knowledge** – Knows current medical information including basic science behind clinical data; critically evaluates scientific information.

Numerical Rating ____

Example(s) of performance/comments:

3. **Practice-based learning and improvement** – recognizes and can treat adverse effects; maintains appropriate records documenting own practice activities such as logs; understands principles of disease prevention; understands diseases in the local population.
Numerical Rating ____
Example(s) of performance/comments:

4. **Interpersonal and communication skills**– includes information between resident and patients, staff, colleagues, faculty, referring physicians, etc.
Numerical Rating ____
Example(s) of performance/comments:

5. **Professionalism** – includes ethics and moral behavior, appearance, acceptance of responsibility, sensitivity to culture, age, gender and disability issues.
Numerical Rating ____
Example(s) of performance/comments:

6. **Systems-based practice**: Practices cost-effective care without compromising quality; understands how different practice systems function to deliver care; uses allied health professional appropriately; obtains and provides appropriate consultation.
Numerical Rating ____
Example(s) of performance/comments:

7. **Teaching** – Involvement and effectiveness in teaching medical students, residents, staff and at the continuing medical education level
Numerical Rating ____
Example(s) of performance/comments:

8. **Procedural skills** – includes surgery, laboratory, ultraviolet light

Numerical Rating ____

Example(s) of performance/comments:

9. **Rotation specific goals:** Has achieved appropriate level of accomplishment as defined by rotation specific goals and objectives (*see attached*).

Numerical Rating ____

Example(s) of performance/comments:

Overall Rating

Outstanding _____

Very Good _____

Acceptable _____

Marginal _____

Unsatisfactory _____

Faculty Signature _____ ***Date*** _____

Resident Signature _____ **Date** _____

Resident Comments:

Department Chair Signature _____ **Date** _____