

**DEPARTMENT OF DERMATOLOGY  
RESIDENT TO RESIDENT EVALUATION**

Resident \_\_\_\_\_

Date of Evaluation \_\_\_\_\_

Derm Training Year: First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_

Quarter (circle one)  
 July–September    October–December    January–March    April–June

Evaluator \_\_\_\_\_

**Rating:**

1 = Excellent    2 = Above Average    3 = Satisfactory    4 = Unsatisfactory    N/A = Not Applicable

I.	Patient Care	1	2	3	4	N/A
II.	Level of medical knowledge	1	2	3	4	N/A
III.	Study habits and PBL preparation	1	2	3	4	N/A
	Dependability	1	2	3	4	N/A
IV.	Journal Club preparation and synthesis	1	2	3	4	N/A
	Teaching ability	1	2	3	4	N/A
	Quality of verbal presentations	1	2	3	4	N/A
	Communication skills with other M.D.'s	1	2	3	4	N/A
V.	Leadership	1	2	3	4	N/A
	Ethical conduct	1	2	3	4	N/A
	Emotional maturity	1	2	3	4	N/A
	Cooperation	1	2	3	4	N/A
	Acceptance of responsibility	1	2	3	4	N/A
	Response to criticism	1	2	3	4	N/A
	Initiative	1	2	3	4	N/A
	Availability and punctuality	1	2	3	4	N/A
	Professional appearance	1	2	3	4	N/A
VI.	Relationship with colleagues	1	2	3	4	N/A

Comments: