



**Subject Name**

Status  
Employer  
Program  
Rotation  
Evaluation Dates

Evaluated by:

**Evaluator Name**

Status  
Employer  
Program

**Resident Self Evaluation v1**

**Instructions:**

*Please evaluate yourself. The evaluation will not be shared with your peers.*

**1\* Rate yourself on your overall fund of medical knowledge.**

Below peers	On par with peers	Above peers	Rockstar / My strength
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Comment

**2\* Rate yourself on your ability to provide high quality patient care on the ward.**

Below peers	On par with peers	Above peers	Rockstar / My strength
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Comment

**3\* Rate yourself on your knowledge of operative procedures, including indications, steps, and variations.**

Below peers	On par with peers	Above peers	Rockstar / My strength
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Comment

**4\* Rate yourself on your technical skills and ability to perform operations.**

Comment

**5 How well do you feel you communicate and collaborate with the rest of the team?**

**6\* How well do you feel you communicate and interact with patients and families?**

Very poorly	Below average	Average	Above average
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Comment

**7\* How often do you take time to educate others compared to your peers?**

Below peers	On par with peers	Above peers	Rockstar / My strength
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Comment

**8\* Do you use time and resources thoughtfully to optimize patient care?**

Rarely	Sometimes	Usually	Always/Role model
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Comment

**9\* Rate your ability to receive criticism and engage in self-improvement based on feedback.**

Below peers	On par with peers	Above peers	Rockstar / My strength
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Comment

**10\* How often do you feel you accept responsibility for your own/actions and decisions in complications and miscommunications?**

Rarely	Sometimes	Usually	Always/Role model
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Comment

**11\* Please identify at least one of your strengths.**

12\* Please identify at least one opportunity for improvement.