



## Subject Name

Status  
Employer  
Program  
Rotation  
Evaluation Dates

Evaluated by: **Evaluator Name**

Status  
Employer  
Program

## Resident Peer Evaluation v1

### Instructions:

Please evaluate your peers. The data will be de-identified and combined with other peer evaluations before distribution to protect anonymity.

**1\* Please select which best describes your role relative to the person you are evaluating.**

- Senior resident  
 Junior resident  
 Same level resident

**2\* Do you feel comfortable with this resident taking care of your patients?**

Unsure or unable to assess	Not at all comfortable	Comfortable some of the time	Comfortable most of the time	Very Comfortable
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Comment

**3\* How knowledgeable is this resident compared to other residents in the same year?**

Comment

**4 How well does this resident communicate and collaborate with the rest of the team?**

Comment

**5\* How well does this resident communicate and interact with patients and families?**

Comment

**6\* Does this resident take time to educate?**

Unsure or unable to assess	Rarely	Sometimes	Usually	Always/Role model
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Comment

**7\* Is this resident available and responsive when needed?**

Unsure or unable to assess	Rarely	Sometimes	Usually	Always/Role model
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Comment

**8\* Does this resident use time and resources thoughtfully to optimize patient care?**

Unsure or unable to assess	Rarely	Sometimes	Usually	Always/Role model
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Comment

**9\* Does this resident recognize their own weaknesses and limitations?**

Unsure or unable to assess	Rarely	Sometimes	Usually	Amost always
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Comment

**10\* Does this resident accept responsibility for his/her own actions and decisions?**

Unsure or unable to assess	Rarely	Sometimes	Usually	Amost always
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Comment

**11\* Please identify at least one strength of this resident.**

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