

**Subject Name**

Status  
Employer  
Program  
Rotation  
Evaluation Dates

**Evaluated by: Evaluator Name**

Status  
Employer  
Program

**360 Live****Instructions:**

*Effective, appropriate feedback is key to the education and training of our residents. This form gives the opportunity for members of the care/education teams to provide timely feedback. Remember that statements like "Dr. Jones is or isn't a good doctor" are not helpful. Instead, statements like "Dr. Jones took extra time to explain...", "Dr. Jones consistently fails to ..." along with specific details tells that resident what he/she may be doing well or what they may need to work on. Once completed and submitted this evaluation will go directly to the resident and to the resident's faculty advisor for review and signature.*

- 1 If this evaluation is based on a specific encounter, you may provide details as appropriate. Please do not include specific patient information.**

*In the areas listed below, this resident is:*

**2 Patient Care**

Novice	Advanced Beginner	Competent	Proficient	Expert
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3 Medical Knowledge**

Novice	Advanced Beginner	Competent	Proficient	Expert
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4 Practice-Based Learning and Improvement**

Novice	Advanced Beginner	Competent	Proficient	Expert
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5 Interpersonal & Communication Skills**

Novice	Advanced Beginner	Competent	Proficient	Expert
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6 Professionalism**

Novice	Advanced Beginner	Competent	Proficient	Expert
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**7 Systems-Based Practice**

Novice	Advanced Beginner	Competent	Proficient	Expert

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*I would like for this resident to:*

**8 Start:****9 Stop:****10 Continue:**