Radiation Oncology Resident Evaluation – Modified 360

Resident: _______________________________________

Rotation Dates: ______________________

Evaluator: _______________________________

Date (today): ______________________

Circle the number that indicates how characteristic each behavior below is of the resident you are evaluating.

<table>
<thead>
<tr>
<th>NOT AT ALL CHARACTERISTIC</th>
<th>CHARACTERISTIC</th>
<th>HIGhLY CHARACTERISTIC</th>
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**Professionalism**

1. Responsibility
   - 1 2 3
   - 4 5 6
   - 7 8 9
   - Accepts responsibilities willingly; follows through on tasks carefully and thoroughly; is dependable and industrious; responds to requests in a helpful and prompt manner

2. Scope of practice
   - 1 2 3
   - 4 5 6
   - 7 8 9
   - Recognizes limits of his/her abilities; asks for help when needed; refers patients when appropriate; exercises authority accorded by position and /or experience

3. Patient needs
   - 1 2 3
   - 4 5 6
   - 7 8 9
   - Responds to each patient’s unique needs and characteristics by being sensitive to issues related to patient culture, age, gender and disabilities; provides equitable care regardless of patient culture or socioeconomic status

4. Integrity and ethical behavior
   - 1 2 3
   - 4 5 6
   - 7 8 9
   - Takes responsibility for actions; admits mistakes; puts patient needs above own interests; recognizes and addresses ethical dilemmas and conflicts of interest; maintains patient confidentiality

**Interpersonal & Communication Skills**

5. Relationship-building
   - 1 2 3
   - 4 5 6
   - 7 8 9
   - Establishes rapport with patients and their families; demonstrates care and concern; is respectful and considerate; provides reassurance; manages difficult patient/family situations

6. Team interaction
   - 1 2 3
   - 4 5 6
   - 7 8 9
   - Demonstrates courtesy to and consideration of consultants, therapists, physicists, & other team members; provides timely updates; invites others to share their knowledge and opinions; negotiates & compromises when disagreements occur

Overall rating of Professionalism and Interpersonal & Communication Skills

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**Please explain “not at all characteristic” ratings.**

Evaluator Signature

Resident Signature

The resident and I discussed this evaluation and the resident’s overall performance in the program, and ways to improve performance as needed.

Program Director Signature

Date