DEPARTMENT OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY
ALLERGY IMMUNOLOGY ROTATION
RESIDENT EVALUATION

RESIDENT: ____________________________

ROTATION DATES: ____________________

Ratings:

**Outstanding** rarely awarded; individual of exceptional ability

**Above Average** clearly better than peer group

**Average** on par with peer group

**Below Average** adequate but somewhat below peer group

**Unacceptable**

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<th>Outstanding</th>
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Definitions:

**Medical Skills**: history and physical exam, technical skills

**Problem Solving & Clinical Judgment**: knows what data to collect, ability to analyze problems; differential diagnosis; sound logic in initial plans, progress notes, assessments

**Professional Standards**: promptness and attention to responsibilities; conscientiousness; appearance

**Rapport with Patients & Staff**: sensitivity to needs of others; considerations; tact

Do you feel that the resident has met the learning objectives set for this rotation?

YES ☐ NO ☐ (if not, please explain)

Narrative Comments Regarding Performance:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature of Evaluator: ____________________________ Date: ______________

Print name: ____________________________, M.D.

Title: ________________________________

Please return evaluation form to: Dept. of Otolaryngology–HNS
Attn: Millie Corbo, Program Coordinator
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Tampa, FL 33612-9497
Phone #: 813/974-7036; Fax #: 813/974-7314
e-mail: casanova@hsc.usf.edu