

Non-Physician Survey of Lab Medicine & Pathology  
Residents/Fellows - 360° Rating Form

Resident/Fellow Name: \_\_\_\_\_

Rotation: \_\_\_\_\_

Resident Level (circle): PGY1 PGY2 PGY3 PGY4 or Fellow \_\_\_\_\_

Please circle 1 if you strongly disagree and 5 if you strongly agree. If there is a 1 or 2 circled, please give specific examples or explanations.

	Strongly Disagree				Strongly Agree	Don't Know
1. An effective health care team member	1	2	3	4	5	DK
2. Caring and respectful towards others	1	2	3	4	5	DK
3. Communicates well	1	2	3	4	5	DK
4. Sensitive to cultural, age, gender issues	1	2	3	4	5	DK
5. Follows through on tasks he/she agreed to perform	1	2	3	4	5	DK
6. Responds to requests, including pages, in a helpful and prompt manner	1	2	3	4	5	DK
7. Knows the limits of his/her abilities and asks for help when needed	1	2	3	4	5	DK
8. Takes responsibility for actions, admits mistakes and does not blame others	1	2	3	4	5	DK
9. Maintains respectful demeanor in demanding and stressful situations	1	2	3	4	5	DK
10. Takes on extra responsibilities when the need arises	1	2	3	4	5	DK

How many hours did you work with this resident/fellow? \_\_\_\_\_

On which dates did you work with this resident? \_\_\_\_\_

Signature (optional): \_\_\_\_\_

Printed Name: \_\_\_\_\_

Your Position: \_\_\_\_\_

**Please return to Jenny McDaniel in Mayo D185 –Fax (612) 625-3976 or mail to MMC 609, 420 Delaware St. SE, Minneapolis, MN 55455**

Thank you for completing this form and providing broad feedback about a resident/fellow's performance from many points of view. You have been selected by the resident/fellow to provide this feedback.