

OMSB Performance & Wellness Section

Resident Performance Evaluation Form

(Please attach Program Referral Form)

Resident's Name

OMSB No..... Academic Year.....

Specialty.....

Date of joining OMSB.....

Resident has been trained for residency responsibilities Yes No

Deterioration of Resident's efficiency or behavior has been noticed Yes No

If **Yes**, since when

Resident's attitude towards service Good Average Poor

Resident's adjustment to training conditions Good Average Poor

Resident's popularity among:

a. Seniors Popular Acceptable Unpopular

b. Colleagues/peers Popular Acceptable Unpopular

c. Medical/allied staff Popular Acceptable Unpopular

Resident's capabilities:

a. Mental (Attentive /motivated) Above Average Average Below Average

b. Physical Above Average Average Below Average

Resident's appearance and cleanliness Good Average Poor

Put the sign (✓) in front of the characteristics that are applicable to the Resident

Characteristics		Characteristics	
Submissive		Aggressive	
Calm		Short-tempered	
Frank		Suspicious	
Relaxed		Tense	
Conscientious		Perfectionist	
Worrying		Casual	
Moody		Cheerful	
Clear-headed		Confused	
Confident		Indecisive	
Kind-hearted		Harsh	
Immature		Demonstrative	
Callous		Mature	
Unreliable		Reliable	
Upright / righteous		Vain	
Complaining		Careless	
Proud		Forgetful	
Tactful		Tactless	
Absent-minded		Social	
Antisocial		Patient	

Additional comments (if any)

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Has the resident been involved in any disciplinary actions?

Yes No Not enough information

If **Yes** please give details

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Has the resident been involved in any administrative actions?

Yes No Not enough information

If **Yes** please give details

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Education Committee's recommendations and future plans for the Resident

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Referring Faculty

Chairman P.D Ass. PD

Telephone No.....

Date

Signature