



Preview Form

RESIDENT EVALUATION BY NURSE / STAFF

Please take a few minutes to complete this evaluation form. All information is confidential and will be used constructively. You need not answer all the questions

Name of Resident*

Location of care or interaction: (OPD/Ward/Emergency/Endoscopy Department)

Your position (Nurse, Ward Servant, Endoscopy Attendant)

Table with columns for S#, PROFESSIONALISM, INTERPERSONAL AND COMMUNICATIONS SKILLS, SYSTEMS BASED PRACTICE, PATIENT CARE, PRACTICE BASED LEARNING AND IMPROVEMENT, and COMMENTS. Rows include evaluation criteria like 'Resident is Honest and Trustworthy' and 'Resident communicates well with patients...'.

THANK YOU for your time and thoughtful input. You play a vital role in the education and training of the internal medicine residents.

Poor: 0, Fair: 1, Good: 2, V. Good: 3, Excellent: 4

Total Score _____/56