

**LSUHSC Medical Students – Neurosurgery Resident Evaluation Form**

This form will be kept completely anonymous.

Please return this form to:

Jenn Bordelon  
Resident Coordinator  
[jbord7@lsuhsc.edu](mailto:jbord7@lsuhsc.edu)  
Fax: 504-568-6127

Resident Name: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_

**Interpersonal and Communication Skills:**

1. Did the resident communicate clearly and effectively with students?  
Outstanding      Above Average      Average      Unsatisfactory      Poor
2. Did the resident take time to provide instruction on neurosurgery topics?  
Outstanding      Above Average      Average      Unsatisfactory      Poor
3. Was the resident able to teach at a level suitable for medical students?  
Outstanding      Above Average      Average      Unsatisfactory      Poor
4. Did this resident give verbal feedback on medical student's performance in progress?  
Outstanding      Above Average      Average      Unsatisfactory      Poor
5. Did this resident contribute to my neurosurgery rotation experience?  
Outstanding      Above Average      Average      Unsatisfactory      Poor

**Professionalism:**

1. Did this resident interact with medical student in a professional and courteous manner?  
Outstanding      Above Average      Average      Unsatisfactory      Poor
2. Was this resident available and willing to help solve problems?  
Outstanding      Above Average      Average      Unsatisfactory      Poor
3. Did this resident serve as a role model for Medical Students for standards of ethical behavior and professionalism?  
Outstanding      Above Average      Average      Unsatisfactory      Poor

Comments/Suggestions:

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