

Please return this form to:

Jenn Bordelon
Residency Coordinator
jbord7@lsuhsc.edu
Fax: 504-568-6127

Evaluation of LSU Neurosurgery Resident Physician by Nursing Staff

This form is designed to elicit your evaluation of the resident listed below. Please address this evaluation constructively. Your evaluation information will be provided to the residents using a "summary report" format to insure that your comments remain anonymous. Thank you for your time and effort.

Resident: _____

Scoring: 5= Always 4=Most of the time 3= Occasionally 2=Rarely 1=Never N/A=No opinion or Not applicable

1. This resident responds to telephone encounters (ROD duties, patient calls, and refills) promptly and courteously.

5 4 3 2 1 N/A

2. This resident responds to pages in a timely manner.

5 4 3 2 1 N/A

3. This resident is present at clinic and prepared to begin seeing patients on time.

5 4 3 2 1 N/A

4. When problems arise, this resident is easy to contact and responsive to your questions or concerns.

5 4 3 2 1 N/A

5. This resident is courteous and respectful of you and your opinions or suggestions.

5 4 3 2 1 N/A

6. This resident fosters an atmosphere of teamwork and collegiality.

5 4 3 2 1 N/A

7. This resident is approachable and easy to share problems with.

5 4 3 2 1 N/A

8. This resident is a positive role model for the other residents/interns/students, and presents the residency program and UMC/WJMC in the best way possible.

5 4 3 2 1 N/A

9. This resident's behavior is positive and he/she does not tend to be moody or complain.

5 4 3 2 1 N/A

10. This resident is flexible in working in acute visits.

5 4 3 2 1 N/A

11. This resident gives you clear instructions regarding follow-up appointments, lab, x-ray, or referrals after the patient encounter is complete.

5 4 3 2 1 N/A

Please write any additional comments below or on the reverse side.