

RAWALPINDI MEDICAL UNIVERSITY

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)

S# PROFESSIONALISM							
311	T NOT ESSICITATION	Poor	Fair	Good	V	Excellent	Insufficient
					Good		Contact
1.	Resident is Honest and Trustworthy	0	0	0	0	0	0
2.	Resident treats patients and families with courtesy, compassion and respect	0	0	0	0	0	0
3.	Resident treats me and other member of the team with courtesy and respect	0	0	0	0	0	0
4.	Resident shows regard for my opinions	0	0	0	0	0	0
5.	Resident maintains a professional manner and appearance	0	0	0	0	0	0
INTERPERSONAL AND COMMUNICATIONS SKILLS							
6.	Resident communicates well with patients, families, and members of the healthcare team	0	0	0	0	0	0
7.	Resident provides legible and timely documentation	0	0	0	0	0	0
8.	Resident respect differences in religion, culture age, gender sexual orientation and disability	0	0	0	0	0	0
SYSTEMS BASED PRACTICE							
9.	Resident works effectively with nurses and other professionals to improve patient care.	0	0	0	0	0	0
PATIENT CARE							
10.	Resident respects patient preferences	0	0	0	0	0	0
11.	Resident is reasonable accessible to patients	0	0	0	0	0	0
12.	Resident take care of patient comfort and dignity during procedures.	0	0	0	0	0	0
PRACTICE BASED LEARNING AND IMPROVEMENT							
13.	Resident facilitates the learning of students and other professionals	0	0	0	0	0	0
COMMENTS							
14.	Please describe any praises or concerns or information about specific incidents	0	0	0	0	0	0
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