

# Department of Otolaryngology-Head and Neck Surgery

## Quarterly Resident Evaluation

Please rate the below named resident on the following scale for each question. Space is provided for specific comments if desired. However, comments **ARE** required for any negative responses so that anonymous feedback may be given to the resident.

ROTATION SITE:      **HLM Clinic**                      **VAH**                      **ACH**                      **USF/Health Park**                      **HLM Floor**

RESIDENT: \_\_\_\_\_ Quarter: \_\_\_\_\_ Quarter dates: \_\_\_\_\_

- |            |  |            |             |                |                 |             |
|------------|--|------------|-------------|----------------|-----------------|-------------|
| <b>1.</b>  | <b>The resident is a team player.</b>  | 1<br>never | 2<br>rarely | 3<br>sometimes | 4<br>frequently | 5<br>always |
| <b>2.</b>  | <b>The resident exhibits effective communication skills with nursing staff and other hospital or clinic services</b> | 1<br>never | 2<br>rarely | 3<br>sometimes | 4<br>frequently | 5<br>always |
| <b>3.</b>  | <b>The resident exhibits effective communication skills with patients and their families.</b>                        | 1<br>never | 2<br>rarely | 3<br>sometimes | 4<br>frequently | 5<br>always |
| <b>4.</b>  | <b>The resident treats patients and families in a respectful, kind and compassionate manner.</b>                     | 1<br>never | 2<br>rarely | 3<br>sometimes | 4<br>frequently | 5<br>always |
| <b>5.</b>  | <b>The resident treats nursing and ancillary services in a respectful, kind, and compassionate manner.</b>           | 1<br>never | 2<br>rarely | 3<br>sometimes | 4<br>frequently | 5<br>always |
| <b>6.</b>  | <b>The resident demonstrates sound organizational skills.</b>  | 1<br>never | 2<br>rarely | 3<br>sometimes | 4<br>frequently | 5<br>always |
| <b>7.</b>  | <b>The resident instills confidence in the patient.</b>  | 1<br>never | 2<br>rarely | 3<br>sometimes | 4<br>frequently | 5<br>always |
| <b>8.</b>  | <b>Patients have made positive comments about the resident.</b>  | 1<br>never | 2<br>rarely | 3<br>sometimes | 4<br>frequently | 5<br>always |
| <b>9.</b>  | <b>Patients have made negative comments about the resident.</b>  | 1<br>never | 2<br>rarely | 3<br>sometimes | 4<br>frequently | 5<br>always |
| <b>10.</b> | <b>The resident knows when to ask for help.</b>  | 1<br>never | 2<br>rarely | 3<br>sometimes | 4<br>frequently | 5<br>always |

Please use the space below for specific comments, either positive or negative, that will be used to evaluate the resident's professional behavior.

---



---



---



---



---