**Evaluation of LSU Neurosurgery Resident Physician by Nursing Staff**

**FAX COMPLETED FORM TO
Fax: 504-568-6127**

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 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.