

Patient Evaluation of Resident

Instructions:

Please take a moment to complete this evaluation about the care you received from your Resident physician. Your responses will be kept confidential and will be used to help evaluation the Resident's skills in Professionalism and Patient Care. Thank you in advance.



Subject Name

Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by:

Evaluator Name

Status
Employer
Program

1* Did the Resident introduce himself/herself?

- Yes
 No

2* Did the Resident greet you warmly, make you feel comfortable?

- Yes
 No

3* Did the Resident show interest in you and your problem?

- Yes
 No

4* Did the Resident treat you with respect?

- Yes
 No

5* Did the Resident explain what you needed to know about your problem and the procedure?

- Yes
 No

6* Did the Resident use words you could understand?

- Yes
 No

7* During the procedure, did the Resident let you know what he/she was doing and why?

- Yes
 No

8* Would you return to see this doctor again?

- Yes
 No

9 Additional Comments (optional):

