

Technologist Evaluation of Resident

Instructions:

Please indicate how often the Resident demonstrates each time:



Subject Name

Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by:

Evaluator Name

Status
Employer
Program

1* Technically skillful in performing examinations

Some of the time Most of the time All of the time

2* Knows limits of his/her abilities and asks for help when needed

Some of the time Most of the time All of the time

3* Maintains composure in stressful situations

Some of the time Most of the time All of the time

4* Responds to calls and pages promptly

Some of the time Most of the time All of the time

5* Arrives for work on time and works at reasonable pace

Some of the time Most of the time All of the time

6* Demonstrates appropriate concern for tech and patient safety

Some of the time Most of the time All of the time

7* Respectful and considerate with technologists and nurses

Some of the time Most of the time All of the time

8* Takes advice and feedback well

Some of the time	Most of the time	All of the time
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**9* Communicates effectively and honestly with other health care professionals**

Some of the time	Most of the time	All of the time
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**10* Courteous and responsive to the needs of referring physicians**

Some of the time	Most of the time	All of the time
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**11* Maintains confidentiality of patient information**

Some of the time	Most of the time	All of the time
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**12* Shows compassion for patients and families**

Some of the time	Most of the time	All of the time
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**13* Uses understandable language when speaking with patients**

Some of the time	Most of the time	All of the time
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**14* Maintains a professional appearance**

Some of the time	Most of the time	All of the time
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**15 Please provide information if this resident has consistently performed in an outstanding manner:**

Comment

