Directions: Please evaluate the professional behavior of all general surgery residents on your floor during the past month-long rotation. Specific comments regarding strengths and weaknesses are of most value to help this resident progress in professional development. When you have completed the form, please seal in the attached envelope and return to your Nurse Manager.

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Name of Resident ___________ Resident, MD ___________.

Nurse Evaluator's Name (optional) ____________________________________________

Nurse Evaluator's Signature (optional) _________________________________________

Evaluator's Nursing Unit ___________________________ Date of Evaluation __________

1. Please provide your assessment of this resident's overall professional behavior. Consider the resident's ability to communicate effectively in educating patients and their families, work effectively with healthcare professionals, facilitate learning of nurses and other healthcare professionals, communicate information legibly and effectively in the written record, provide appropriate informed consent, demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities, and work with nurses in assisting patients in dealing with healthcare system complexities.

☐ Poor       ☐ Fair       ☐ Good       ☐ Very Good       ☐ Excellent

2. Indicate areas where this resident's performance is either consistently outstanding or is a serious problem. This section of the evaluation is intended to identify areas, positive and negative, that deserve special attention. It is assumed that many residents, who are performing competently, and, on occasion demonstrate outstanding performance, will receive no checkmarks in this section.

   Consistently Outstanding       Serious Problem Area
   ☐ Listens and communicates effectively in educating patients and their families.
   ☐ Works effectively with healthcare professionals.
   ☐ Facilitates the learning of nurses and other healthcare professionals.
   ☐ Demonstrates sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
   ☐ Appropriately self-confident for level of training, but will seek help from others.

3. Provide comments regarding the resident's major strengths and/or weaknesses in the area of professional behavior. Include specific suggestions to help this resident improve her/his professional behavior.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. This evaluation is based on the following amount of time spent in professional interaction with this resident.

☐ Almost every day       ☐ Almost every week
☐ Several times a week   ☐ Once or twice a month