

Please circle your response. This resident:

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|--|----------|
| Is knowledgeable in providing care | Yes / No |
| Explains and educates others about medical care | Yes / No |
| Provides kind and compassionate care | Yes / No |
| Was professional, polite, and respectful | Yes / No |
| Listen to my concerns | Yes / No |
| Involves/updates care team on plans | Yes / No |
| Responds to pages in a timely fashion | Yes / No |
| Provide rapid care in patient emergencies | Yes / No |
| Enters orders or signs orders in a timely manner | Yes / No |
| Maintains composure under stress | Yes / No |
| Someone I can rely on | Yes / No |
| Could help care for me or my family | Yes / No |

If you have additional compliments or concerns about you surgery resident please add them below. You may also add comments about the surgery residency training program here.



This QR code is specific for the surgery resident you are evaluating.