

Emory Family Medicine Nursing Staff Resident Evaluation (PF, IC, SP)

Resident Name _____

Date _____

How many patients did the
Resident physician have booked? _____

How many patients do the
Resident physician see? _____

	Yes	No
Was the Resident physician courteous? If "No," please explain:	_____	_____
Was the Resident physician timely? If "No," please explain:	_____	_____
Did the Resident physician assist with add on patients, prescription refills, and other team paperwork? If "No," please explain:	_____	_____
Was the Resident physician dressed professionally? If "No," please explain:	_____	_____
Would you describe this Resident physician as a team player? If "No," please explain:	_____	_____
Does the Resident physician demonstrate compassion for patients? If "No," please explain:	_____	_____
Does the Resident physician maintain patient confidentiality? If "No," please explain:	_____	_____