

360° Rating Form RESIDENT Questionnaire

Purpose: to assess your competence in Patient Care, Interpersonal skills, and Professionalism

Resident: _____

Date: _____

Please estimate how often you demonstrate each of the following:

	<u>Some of the time</u>	<u>Most of the time</u>	<u>All of the time</u>
1. I am technically skillful in performing examinations	___	___	___
2. I know my limits and ask for help when needed	___	___	___
3. I maintain composure in stressful situations	___	___	___
4. I respond to calls and pages promptly	___	___	___
5. I arrive for work on time	___	___	___
6. I work at a reasonable pace	___	___	___
7. I manage the service well	___	___	___
8. I demonstrate appropriate concern for tech and patient safety	___	___	___
9. I treat technologists and nurses with respect and consideration	___	___	___
10. I take advice and feedback well	___	___	___
11. I communicate effectively and honestly with other health care professionals	___	___	___
12. I am courteous and responsive to the needs of referring physicians	___	___	___
13. I maintain confidentiality of patient information	___	___	___
14. I show compassion for patients and families	___	___	___
15. I respect the personal values and culture of patients	___	___	___
16. I use understandable language when speaking with patients	___	___	___
17. I maintain a professional appearance	___	___	___