

# 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9\* Communicates effectively and honestly with other health care professionals**

Some of the time	Most of the time	All of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10\* Courteous and responsive to the needs of referring physicians**

Some of the time	Most of the time	All of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**11\* Maintains confidentiality of patient information**

Some of the time	Most of the time	All of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12\* Shows compassion for patients and families**

Some of the time	Most of the time	All of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13\* Uses understandable language when speaking with patients**

Some of the time	Most of the time	All of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**14\* Maintains a professional appearance**

Some of the time	Most of the time	All of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15 Please provide information if this resident has consistently performed in an outstanding manner:**

*Comment*

