

FACULTY EVALUATION FORM

Name of Faculty: Dr. _____ Rotation/Block #: _____

Please fill this out for your last month's rotation. If you worked with more than one attending, make additional copies.

Rating Key:

- N/A Can't Evaluate
- 1 Not acceptable
- 2 Highly variable and sometimes poor/not acceptable
- 3 Acceptable/average
- 4 Better than average
- 5 Superior

Categories	n/a	1	2	3	4	5
1. TEACHING SKILLS						
A. Teaching Process (encourages use of logical reasoning For problem solving and diagnostic evaluation).						
B. Medical Knowledge						
1. Content						
2. Communicating useful data						
3. Integration of basic science with clinical management						
C. Presentation of Teaching Material						
D. Teaches Bedside Skills (History, physical diagnosis, Technical procedures, rapport with patients).						
Teaching Skills – Strengths:						
Suggestions for Improvement:						
2. CONTRIBUTION TO PATIENT CARE						
A. Contributes to patient management						
B. Teaches directly about patients on service						
C. Participates in division (OP or elective) issues, i.e. Conflicts, problems, etc.						
Contribution to Patient Care – Strengths:						
Suggestions for Improvement:						
3. FACULTY RESPONSIBILITY						
A. Evaluations (Provides feedback on performance: verbal Written, mid-month and month: constructive criticism)						
B. Time commitment						
1. Assumes appropriate responsibility for patients.						
2. Accessible at times other than formal rounds.						
C. Helps to develop Health Care Team and makes it work.						
D. Demonstrates respect for house officers and other members Of health care team. (Non-condescending attitude, Cooperative team player, collegial).						
Faculty Responsibility – Strengths:						
Suggestions for Improvement:						