

Resident Evaluation of Clinical Faculty

Please complete this form promptly and return it to Dr. Jaffe. All comments will be held in confidence. Your assessment of the faculty will be used by the Program Director to counsel faculty regarding ways in which they might improve, and to identify and acknowledge faculty providing exceptional educational experiences.

Faculty Member: _____

Date: _____

Date(s) of Rotation: _____

Please respond to the following statements:

SA - Strongly Agree

A - Agree

N - Neither Agree nor Disagree

D-Disagree

SD-Strongly Disagree

NA-Not Applicable/Cannot Evaluate

The faculty member made clear the expectations of my responsibilities:	SA	A	N	D	SD	NA
The faculty member made an appropriate amount of time available for my instruction:	SA	A	N	D	SD	NA
The faculty member demonstrated significant expertise in their field:	SA	A	N	D	SD	NA
The faculty member demonstrated an interest in teaching:	SA	A	N	D	SD	NA
The faculty member was an effective teacher:	SA	A	N	D	SD	NA
The faculty member made an appropriate effort to stimulate my interest in this field:	SA	A	N	D	SD	NA
The faculty member directed me to appropriate sources of additional information:	SA	A	N	D	SD	NA
The faculty member was aware of my skills level in this field	SA	A	N	D	SD	NA
The faculty member interacted with me from a position of mutual respect:	SA	A	N	D	SD	NA
The faculty member served as an effective role model:	SA	A	N	D	SD	NA
My fund of knowledge and judgment in this field increased as a result of my interactions with this faculty member:	SA	A	N	D	SD	NA
The faculty member made appropriate requests and use of my time	SA	A	N	D	SD	NA

My interest level in this field at the beginning of the rotation/year was:

Very High
High
Neither High nor Low
Low
Very Low

My interest level in the field at the end of the rotation/year was:

Very High
High
Neither High nor Low
Low
Very Low

Comments about the rotation or faculty members
