Resident of Faculty Evaluation

Evaluator: _________________________________
Evaluation of: _______________________________
Date: _________________________

1. Dedicated to teaching during or after clinic:*  
   Never | Rarely | Sometimes | Often | Almost Always | N/A
   □     | □      | □         | □     | □              | □

Comment:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Receptive to questions:*  
   Not At All | Slightly | Somewhat | Very | Extremely | N/A
   □         | □        | □        | □    | □          | □

Comment:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Provided feedback on the resident’s performance including exam findings, assessments and plans:*  
   Never | Rarely | Sometimes | Often | Almost Always | N/A
   □      | □      | □         | □     | □              | □

Comment:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Clinical Knowledge:*  
   Absent or Woefully Inadequate | Weak or Barely Adequate | Some Weak Spots But Overall Adequate | Strong With a Few Minor Deficiencies | Excellent Across the Board | N/A
   □                             | □                           | □                               | □                          | □                           | □

Comment:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
<table>
<thead>
<tr>
<th>Question</th>
<th>Rating Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Provided opportunities for residents to participate in and perform surgery:*</td>
<td>Never</td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
</tr>
<tr>
<td>6. Ability to teach surgical technique:*</td>
<td>Absent or Woefully Inadequate</td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
</tr>
<tr>
<td>7. Is a valuable part of the residency program:*</td>
<td>Not At All</td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
</tr>
<tr>
<td>8. This faculty member is a role model in his/her clinical practice:*</td>
<td>Agree Strongly</td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
</tr>
<tr>
<td>9. Preoperative and postoperative management teaching:*</td>
<td>Absent or Woefully Inadequate</td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
</tr>
</tbody>
</table>
Please add any final comments in the space below: