

## **Fellow Evaluation of Faculty:**

Program will indicate below if you are evaluating all faculty or a single faculty member:

\_\_\_\_\_All Faculty on this Assignment *or* \_\_\_\_\_Specific Faculty Member: \_\_\_\_\_

Resident/Fellow should provide feedback concerning the faculty member(s) who have been noted above by the program for evaluation.

<b><u>TEACHING, SUPERVISION, AND AVAILABILITY</u></b>	
1. Did the faculty member(s) spend sufficient time <b><u>teaching</u></b> you while on this assignment/rotation?	Yes, the faculty spent sufficient time
	No, the faculty did not spend sufficient time
	Not applicable
2. Did the faculty member(s) spend sufficient time <b><u>supervising</u></b> you while on this assignment/rotation?	Yes, the faculty spent sufficient time
	No, the faculty did not spend sufficient time
	Not applicable
3. Was the faculty member(s) readily available to answer questions while on this assignment/rotation??	Yes, the faculty was available
	No, the faculty was not available
	Not applicable
<b><u>COMMITMENT TO EDUCATION</u></b>	
4. Did the faculty member(s) demonstrate a commitment to your education and professional development?	Yes, my faculty did demonstrate
	No, my faculty did not demonstrate
	Not applicable
5. Did the faculty member(s) involve you actively in discussions and provide a positive learning environment?	Yes, my faculty did involve
	No, my faculty did not involve
	Not applicable
<b><u>CLINICAL KNOWLEDGE</u></b>	
6. Did the faculty member(s) demonstrate adequate knowledge about the clinical subject matter that was discussed during this assignment/rotation?	Yes, my faculty did demonstrate
	No, my faculty did not demonstrate
	Not applicable
7. Was the faculty member(s) able to support his/her position with references or other information when questioned by you, the patient, their family member(s), or your colleagues while on this assignment/rotation?	Yes, my faculty was able to support position
	No, my faculty was able to support position

		Not applicable
<b><u>PROFESSIONALISM</u></b>		
8. Did the faculty member(s) demonstrate respect and show support for you, the patient, the family member(s), and your colleagues while on this assignment/rotation?		Yes, my faculty did demonstrate and show
		No, my faculty did not demonstrate and show
		Not applicable
9. Did the faculty member(s) exhibit at all times those qualities of an exemplary role model while you were on this assignment/rotation?		Yes, my faculty did exhibit
		No, my faculty did not exhibit
		Not applicable
<b><u>SCHOLARLY ACTIVITY</u></b>		
10. Did the faculty member(s) regularly and actively participate in organized clinical discussions with you?		Yes, my faculty did regularly participate
		No, my faculty did not regularly participate
		Not applicable or not sure
11. Did the faculty member(s) regularly and actively participate in teaching rounds with you?		Yes, my faculty did regularly participate
		No, my faculty did not regularly participate
		Not applicable or not sure
12. Did the faculty member(s) regularly and actively participate in journal club with you?		Yes, my faculty did regularly participate
		No, my faculty did not regularly participate
		Not applicable
13. Did the faculty member(s) regularly and actively participate in teaching conferences with you?		Yes, my faculty did regularly participate
		No, my faculty did not regularly participate
		Not applicable

Other comments/suggestions (please use reverse side if required):

**Fellow Name:** \_\_\_\_\_

**Evaluator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Program Director Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_