

Preview Evaluation

Faculty Evaluation

Clerkship Resident Evaluation

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Course Information

Date	Course	Location	Weeks	Credits
01/01/2006 - 01/31/2006	XXX-YYY: Department Course	Location	8	8

Evaluation Period: 01/01/2006 - 01/31/2006

Faculty: Evaluator name

Please give us your constructive feedback about the physician with whom you have worked and studied. The people that you evaluate will receive copies of your completed evaluations, but no student names are attached to the evaluations.

1.* This physician served as an effective role model.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- N/A

2.* This physician encouraged the development of clinical judgment.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- N/A

3.* This physician encouraged the development of clinical skills (H&P).

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- N/A

4.* This physician seemed interested in teaching students.

- Strongly Agree
- Agree

- Neutral
- Disagree
- Strongly Disagree
- N/A

5.* This physician provided constructive feedback and criticism.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- N/A

6.* This physician treated students fairly and professionally.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- N/A

7.* What grade would you give this physician?

- A
- B
- C
- D
- F
- N/A

8.* What were this physician's greatest strengths?

[Rich text](#)

9.* What constructive recommendations do you have for this physician that would improve his/her teaching?

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