EVALUATION of TRAINING PROGRAM and FACULTY by RESIDENTS

All residents must submit to the program Director, or to a designated institutional official, at least annually, confidential written evaluations of the faculty and of the educational experiences.

The attached templates for the evaluation of rotations and faculty, or some equivalent document, must be given to residents so they have the opportunity to provide confidential evaluations. This can be done at any appropriate interval, but must be done at least annually. An effort should be made to get the residents to complete and return evaluations, but this must be done in a manner that does not breach the confidentiality of the process.

In order to maintain the confidentiality of the residents, it is recommended that residents give the evaluation reports to a designated secretary or department administrator, who should collate the numerical results and comments of all trainees into a single summary. This summary should then be given to the program director and a file copy should be maintained in the Program’s files, for presentation at the time of RRC reviews as documentation of the process.

Programs may chose to use different forms or methods of collection and collation, but every program must implement and maintain some evaluation method.

(Revised May 2004)

1* N.B. The Albert Einstein College of Medicine serves as the ACGME-accredited Institutional Sponsor for residency programs based in Montefiore Medical Center (MMC) and in Jacobi Medical Center (JMC). As required by the ACGME, the Committee on Graduate Medical Education of the Albert Einstein College of Medicine has established written policies pertaining to the academic aspects of GME. Residents are the employees of either MMC or JMC. These academic policies are intended to be coordinated with the employment policies of MMC and JMC1 that relate to the same matter. Responsibility for all employment-related decisions remains with JMC or MMC.

## EVALUATION OF RESIDENCY PROGRAM ROTATION (TEMPLATE)

**Scale:**

1= Poor, 2= Fair, 3= Average, 4= Above Average, 5= Very Good, 6= Outstanding

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<td>1. <strong>Length of Rotation</strong></td>
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<td>2. <strong>Amount of faculty teaching</strong></td>
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<td>3. <strong>Faculty presence &amp; availability</strong></td>
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<td>4. <strong>Quality of Faculty teaching</strong></td>
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<td>5. <strong>Ability to attend conferences</strong></td>
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<td>6. <strong>Ability to pursue research</strong></td>
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<td>7. <strong>Value of clinical material</strong></td>
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<td>8. <strong>Educational value of rotation</strong></td>
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<td>9. <strong>Fellow authority proportional To ability</strong></td>
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<td>10. <strong>Scheduling</strong></td>
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<td>11. <strong>Conference topics</strong></td>
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<td>13. <strong>Quality of faculty supervision</strong></td>
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This form should be returned to ___________________________. All information provided will be treated in confidence. Only summary information will be distributed.

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TRAINEE EVALUATION OF TEACHING FACULTY (TEMPLATE)

Confidential Document

Attending Physician _____________________________  Date ___________________________

Scale:  
1=Poor, 2=Fair, 3=Average, 4=Above Average, 5=Very Good, 6= Outstanding

CLINICAL SKILLS

Demonstrated procedures skillfully 1 2 3 4 5 6
Allows independence with appropriate supervision 1 2 3 4 5 6
Diagnostic Skills 1 2 3 4 5 6
Therapeutic Skills 1 2 3 4 5 6

RESEARCH SKILLS

Quality of Faculty Research and Writing 1 2 3 4 5 6
Ability to teach Research Skills 1 2 3 4 5 6

TEACHING SKILLS

Kept discussions focussed 1 2 3 4 5 6
Emphasized problem solving 1 2 3 4 5 6
Integrated social and ethical aspects Of Medicine 1 2 3 4 5 6
Stimulated interest to read 1 2 3 4 5 6
Knowledge of literature 1 2 3 4 5 6
Provided feedback 1 2 3 4 5 6
Quality of lectures and rounds 1 2 3 4 5 6

ADMINISTRATIVE SKILLS

Planning and Scheduling 1 2 3 4 5 6
Supervision 1 2 3 4 5 6
Reviewed expectations and goals at Beginning of rotation

### INTERPERSONAL SKILLS

- Rapport with Fellows
- Rapport with Patients
- Rapport with other Staff
- Punctuality and Attendance
- Motivation

### AVAILABILITY

- Usually prompt
- Adhered to round schedule
- Available when not on service
- Available to discuss consults

### ROLE MODEL

### OVERALL ASSESSMENT

### COMMENTS: (add additional pages as required)

______________________________________________________________________________
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This form should be returned to ________________________. All information provided will be treated in confidence. Only summary information will be distributed.