

FACULTY TEACHING ASSESSMENT FORM

Obstetrics & Gynecology - School of Medicine - University of Washington

Course
Rotation
Level

Record the name of each **FACULTY or ATTENDING** with whom you had teaching contact during this rotation. Using the Teaching Behaviors indicated, rate each person according to this scale:

6 = Excellent; 5 = Very Good; 4 = Good; 3 = Fair; 2 = Poor; 1 Very Poor; N = Not applicable

COMMENTS: Use the Comment section to add specific individual strengths & recommendations for improvement.

FACULTY/ATTENDING NAME:		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Clear/organized Enthusiastic/stimulating Establishes rapport Actively involves students Knowledgeable/analytical Demonstrates clinical skills/procedures Provides direction & feedback Accessible Overall teaching effectiveness	COMMENTS Progress discussed with me (# of times): Formally _____, Informally _____

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RESIDENT TEACHING ASSESSMENT FORM

Obstetrics & Gynecology - School of Medicine - University of Washington

Course
Rotation **Winter B 1994**
Level 3rd Year

Record the name of each **RESIDENT** with whom you had teaching contact during this rotation.
Using the Teaching Behaviors indicated, rate each person according to this scale:

6 = Excellent; 5 = Very Good; 4 = Good; 3 = Fair; 2 = Poor, N = Not applicable

COMMENTS: Use the Comment section to add specific individual strengths & recommendations for improvement.

RESIDENT NAME:		
_____	Clear/Organized	COMMENTS
_____	Enthusiastic/Stimulating	
_____	Establishes Rapport	
_____	Actively Involves Students	
_____	Knowledgeable/Analytical	
_____	Demonstrates Clinical Skills/Procedures	
_____	Provides Direction & Feedback	
_____	Accessible	
_____	Overall Teaching Effectiveness	

RESIDENT NAME:		
_____	Clear/Organized	COMMENTS
_____	Enthusiastic/Stimulating	
_____	Establishes Rapport	
_____	Actively Involves Students	
_____	Knowledgeable/Analytical	
_____	Demonstrates Clinical Skills/Procedures	
_____	Provides Direction & Feedback	
_____	Accessible	
_____	Overall Teaching Effectiveness	

RESIDENT NAME:		
_____	Clear/Organized	COMMENTS
_____	Enthusiastic/Stimulating	
_____	Establishes Rapport	
_____	Actively Involves Students	
_____	Knowledgeable/Analytical	
_____	Demonstrates Clinical Skills/Procedures	
_____	Provides Direction & Feedback	
_____	Accessible	
_____	Overall Teaching Effectiveness	

RESIDENT NAME:		
_____	Clear/Organized	COMMENTS
_____	Enthusiastic/Stimulating	
_____	Establishes Rapport	
_____	Actively Involves Students	
_____	Knowledgeable/Analytical	
_____	Demonstrates Clinical Skills/Procedures	
_____	Provides Direction & Feedback	
_____	Accessible	
_____	Overall Teaching Effectiveness	