

Evaluation Form



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**Trainee Evaluation of Faculty**

Evaluator: \_\_\_\_\_

Evaluation of: \_\_\_\_\_

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

Please rate the educational experience with the faculty member while on service. Evaluation information entered here will be made available in anonymous and aggregated form only.

Rarely	Sometimes	Usually	Almost Always	Cannot Comment
1	2	3	4	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. The faculty member showed commitment to my education.\*

2. The faculty member encouraged and fostered my critical thinking skills.\*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. The faculty member demonstrated and encouraged the use of evidence-based medicine.\*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. The faculty member provided me with constructive feedback.\*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. The faculty member encouraged a climate of mutual respect with all members of the health care team.\*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6. The faculty member was an excellent role model.\*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. The faculty member provided me with a good learning experience.\*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8. Comments: \*

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