

RESIDENTS as TEACHERS in PLASTIC SURGERY

Instructions: Please use the scale to rate the above-named resident on his or her teaching skills during your clerkship rotation. This should be a resident with whom you have had at least a minimal amount of contact during this clerkship. Please add any comments as indicated. The results of this evaluation will be shared with the resident, the residency program director, and the clerkship director. **Your comments will remain anonymous.**

Resident Name: _____ **Date:** _____

Clerkship Rotation: _____

Extent of contact with resident during rotation:

Minimal (<1 day) Moderate (<1 week) Extensive (>1 week)

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| 1. The resident clearly communicated the learning goals. (Interpersonal and Communication Skills) | Yes | Partial | No |
| 2. The resident clearly delineated my roles and responsibilities. (Systems-based Practice) | Yes | Partial | No |
| 3. The resident exercised team leadership. (Systems-based Practice) | Yes | Partial | No |
| 4. The resident demonstrated a positive attitude toward teaching and learners. (Professionalism) | Yes | Partial | No |
| 5. The resident demonstrated knowledge in plastic surgery and recommended resources for study. (Medical Knowledge) | Yes | Partial | No |
| 6. The resident demonstrated clinical knowledge and abilities (Patient Care) and provided an opportunity for clinical skill development. | Yes | Partial | No |
| 7. The resident provided timely, constructive feedback. (Practice-based Learning and Improvement) | Yes | Partial | No |
| 8. The resident provided a supportive environment that promoted collaborative learning. | Yes | Partial | No |
| 9. The resident served as a mentor or role model for me. (Practice-based Learning and Improvement) | Yes | Partial | No |

10. Provide an overall rating for this resident: Excellent Very Good Average Fair Poor

11. Overall Comments:
