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)

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:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
This assessment is a product of the Plastic Surgery Milestone Working Group, a Joint Initiative of the Accreditation Council for Graduate Medical Education and the American Board of Plastic Surgery, Inc.