CU SOM Department of Pediatrics Clinical Teaching Evaluation

The Department of Pediatrics and the University of Colorado School of Medicine (CU SOM) want to provide constructive and timely feedback to faculty and preceptors about their clinical teaching. Please assist us by responding to the following questions. Please use a separate form to evaluate each teacher.

Clinical Teacher Name: ________________________________

Course:  
___CHA/PA 1 2 3 (circle year)  
___ Foundations of Doctoring  
___ Pediatric 7000 Clerkship  
___ Pediatrics Externship/Sub I  
___ Pediatric Residency 1 2 3 (circle year)  
___ Pediatric Fellowship  
___ Warren Village  
----- Other: ____________________________

Academic Year: ____________

Group Eval:  
Yes  
No  
(if this is a group eval, please specify number of people filling out the form) ______

Teaching Setting:  
___ Inpatient  
___ outpatient  
___ small group  
___ continuity clinic  
___ private practice  
___ research  
___ classroom  
Other: ____________________________

Your involvement with the instructor:  
___ extensive  
___ considerable  
___ moderate  
___ slight

1. Teaching Skills: Did this clinical teacher ...

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<thead>
<tr>
<th>Item</th>
<th>Usually</th>
<th>Frequently</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
<th>Unable to assess</th>
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<tbody>
<tr>
<td>Demonstrate interest in your learning</td>
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<td>Communicate expectations for the learning experience</td>
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<td>Give you appropriate level of patient care responsibilities</td>
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<td>Provide appropriate level of supervision</td>
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<td>Observe your interactions with patients</td>
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<td>Demonstrate enthusiasm</td>
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<td>Give prompt and constructive feedback</td>
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<td>Listen attentively and encourage questions</td>
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<td>Engage you in problem solving</td>
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<td>Demonstrate professional behavior</td>
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</table>
2. What were the strengths (or "best skills and qualities") of this clinical teacher?

3. Please indicate what this clinical teacher could do to improve learning in this educational experience:

4. Overall Evaluation:

Please rate the clinical teacher as a:

<table>
<thead>
<tr>
<th>Teacher</th>
<th>Physician</th>
<th>Life-long Learner</th>
<th>Role model</th>
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</table>

Comments:

________________________________________

Signature (optional)

Please complete and return or fax back to:

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