

EVALUATION FORM FOR NEUROSURGERY RESIDENTS ON CLINICAL ROTATIONS

Name: _____ PGY Level: _____

Evaluator: _____ Dates of Rotation: _____

PATIENT CARE:	Rating 1-5 (1=Poor, 5=Outstanding)					Not assessed
Delivers appropriate and effective patient care	1	2	3	4	5	
Demonstrates compassion toward patients and their families.	1	2	3	4	5	
Is technically competent in the performance of surgical procedures	1	2	3	4	5	

COMMENTS: _____

MEDICAL KNOWLEDGE:	Rating 1-5 (1=Poor, 5=Outstanding)					Not assessed
Knowledge of clinical neurosurgery.	1	2	3	4	5	
Decision making ability.	1	2	3	4	5	

COMMENTS: _____

PRACTICE-BASED LEARNING AND IMPROVEMENT:	Rating 1-5 (1=Poor, 5=Outstanding)					Not assessed
Willingness to learn from errors in order to improve patient care.	1	2	3	4	5	
Uses current literature to support patient care.	1	2	3	4	5	X

COMMENTS: _____

INTERPERSONAL AND COMMUNICATION SKILLS:	Rating 1-5 (1=Poor, 5=Outstanding)					Not assessed
With patients and families.	1	2	3	4	5	
With residents/attendings.	1	2	3	4	5	
With clerical and nursing staff.	1	2	3	4	5	
Maintains comprehensive, timely, appropriate and legible medical records.	1	2	3	4	5	

COMMENTS: _____

PROFESSIONALISM:	Rating 1-5 (1=Poor, 5=Outstanding)					Not assessed
Commitment to professional responsibilities.	1	2	3	4	5	
Adheres to ethical principles.	1	2	3	4	5	
Sensitive to a diverse patient population.	1	2	3	4	5	

COMMENTS: _____

SYSTEM BASED PRACTICE:	Rating 1-5 (1=Poor, 5=Outstanding)					Not assessed
Demonstrates knowledge of different practice and delivery systems.	1	2	3	4	5	
Practices cost effective care.	1	2	3	4	5	

COMMENTS: _____

<i>Academic initiative/activity for their level of training</i>	1	2	3	4	5	
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COMMENTS: _____

Resident _____

Program Director _____

EVALUATION FORM FOR NEUROSURGERY RESIDENTS ON RESEARCH

Name: _____ PGY Level: _____

Evaluator: _____ Dates of Rotation: _____

1 **2** **3** **4** **5**
Poor **Expected level** **Outstanding**

Research Performance During the research rotation, the resident	Rating 1-5 (see scale above)	Not assessed
developed an appropriate plan for the research rotation.	1 2 3 4 5	
learned the necessary techniques for the research.	1 2 3 4 5	
completed research tasks on time.	1 2 3 4 5	
acquired an in depth knowledge of the literature relevant to the research.	1 2 3 4 5	
was able to present/describe the research so that other residents/faculty can understand it.	1 2 3 4 5	
was aware of the clinical relevance of the research.	1 2 3 4 5	
was able to suggest/plan future experiments which will build on the work (s)he is doing.	1 2 3 4 5	
was able to work well independently.	1 2 3 4 5	

List of presentations:

Title	Authors	Conference

List of publications:

Title	Authors	Status

List of funding applications:

Source	Amount	Status

Program Director's Signature _____ Date _____

Resident's Signature _____

EVALUATION FORM
(to be completed by neurosurgical residents)

Name of Faculty Member _____ Dates _____

Rate from 1 to 5 (1 is outstanding and 5 is poor)

A) Teaching ability

1 2 3 4 5

COMMENTS:

B) Clinical ability and respect as a role model

1 2 3 4 5

COMMENTS:

C) Interest in the residents' educational experience

1 2 3 4 5

COMMENTS:

D) Operating room technical ability

1 2 3 4 5

COMMENTS:

E) Willingness to teach in the OR through supervising residents' surgery

1 2 3 4 5

COMMENTS:

F) Encourages residents to be involved in research projects

1 2 3 4 5

COMMENTS:

G) Ability to get along with peers, residents, students, nurses, patients

1 2 3 4 5

COMMENTS:

H) Please rate the faculty member as a speaker using the rating scale as follows:

1=Outstanding 2=Very Good 3=Satisfactory 4=Fair 5=Poor

_____ 1. Organization and preparation

_____ 2. Were objectives clearly defined

_____ 3. Clarity of presentation/explanations

_____ 4. Was relevance of the material to medicine made clear

_____ 5. Degree to which conference enhanced your understanding of subject

_____ 6. Was material covered appropriate for your needs

_____ 7. Speaker's enthusiasm; ability to make material interesting

_____ 8. Quality of handout or syllabus material for these conferences

_____ 9. Quality of audiovisual material

_____ 10. Pace of presentation

COMMENTS:

GENERAL COMMENTS:

GREATEST STRENGTH OF FACULTY MEMBER:

GREATEST WEAKNESS OF FACULTY MEMBER:

I) Frequency of contact with this faculty

_____ Daily _____ 2/3 week _____ Weekly _____ Less than weekly

J) Worked with the faculty in the following situations

_____ OR _____ Outpatient clinic _____ ER/Ward _____ Conferences

RESEARCH FACULTY EVALUATION FORM
(to be completed by neurosurgical residents on research)

Name of Faculty Member _____ Dates 2007-2008

Rate from 1 to 5 (1 is outstanding and 5 is poor)

Encouraged my inventiveness including the identification of new research topics, discovery of new techniques

1 2 3 4 5

COMMENTS:

Helped me develop my capacity for logical reasoning and my ability to draw logical inference

1 2 3 4 5

COMMENTS:

Improved my ability to generate hypotheses and design critical tests of such hypotheses

1 2 3 4 5

COMMENTS:

Provided sound advice on my academic goals relative to my career plans

1 2 3 4 5

COMMENTS:

Encourages and creates opportunities for me to become familiar with researchers from other institutions

1 2 3 4 5

COMMENTS:

Provided instruction and constructive feedback on presentation skills

1 2 3 4 5

COMMENTS:

Provided instruction and constructive feedback on writing skills

1 2 3 4 5

COMMENTS:

PUBLICATIONS

Have you had an abstract accepted for presentation at a scientific meeting based on work during this rotation?

____ Yes ____ No

Have you submitted any papers for publication to a refereed journal based on work during this rotation?

____ Yes ____ No

Include complete references for those which have been accepted and status of those which have been submitted.