

Preview Form

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GME Program Evaluation by Faculty

Insufficient contact to evaluate (delete evaluation)

To facilitate the evaluation and continual improvement of your program, we ask that you please answer the following questions. Your responses are confidential. Thank you.

Strongly Disagree	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Strongly Agree
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1. The educational resources available to the training program are adequate.	<input type="radio"/>					
2. The administrative support available to the training program is adequate.	<input type="radio"/>					
3. The program allows me to maintain an educational environment conducive to educating residents in each of the ACGME Core Competency areas.	<input type="radio"/>					
4. I have sufficient time allotted to me to fulfill my supervisory responsibilities.	<input type="radio"/>					
5. I have sufficient time allotted to me to fulfill my teaching responsibilities.	<input type="radio"/>					
6. I am able to regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.	<input type="radio"/>					
7. The program allows me to maintain an environment of inquiry and scholarship with an active research component.	<input type="radio"/>					
8. There are a sufficient number of faculty with appropriate qualifications to supervise all the residents in the program.	<input type="radio"/>					
9. I have a say in the development of the program curriculum.	<input type="radio"/>					
10. I am presented with opportunities to participate in faculty development activities related to teaching/pedagogy.	<input type="radio"/>					

Yes	No
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11. Are you provided the opportunity to participate in an annual program improvement meeting?	<input type="radio"/>	<input type="radio"/>
12. Have you received training related to the teaching of the ACGME Core Competencies?	<input type="radio"/>	<input type="radio"/>
13. Have you received training related to the recognition of the signs and symptoms of fatigue and sleep deprivation?	<input type="radio"/>	<input type="radio"/>

14. Are you provided with a written evaluation of your performance by residents at least annually?

15. Please describe the strengths of your program.

16. Please describe the weaknesses of your program.

17. Please describe specific actions that can be taken to improve the program.

* Required fields ▲ Option description (place mouse over field to view)

Reset Form

Submit completed evaluation ▼

Submit