

Sample faculty evaluation form for students in Phases 1, 2 and 3 of the undergraduate medical education program

Phase/Course Name:

Date range:

Directions: Please read and tick one box under each heading. If you select a "1" (strongly disagree) with any item please describe in the Major Concerns section the specific reasons which led you to make this assessment. When "1" (strongly disagree) are selected substantiating comments must be added.

Grouped, anonymous feedback will be provided to the Phase Management Team Lead, Associate Dean of UGME and relevant Faculty Associate Dean for their review and action.

Instructor Name:

(Title of lecture/topic taught)

	n/a	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Was knowledgeable and analytical (breadth, analysis and synthesis of ideas) and helped me achieve the course learning objectives MEDICAL EXPERT/ SCHOLAR						
Was clear and organized (explains clearly and stresses important concepts) COMMUNICATOR						
Established a positive learning environment (punctual, available, open to feedback, respects students, is supportive, challenged thought, provided direction)- SCHOLAR/ PROFESSIONAL						
Demonstrated respect for and sensitivity to the needs, rights and ethical concerns of patients and/or their families, and other health professionals- HEALTH ADVOCATE/ PROFESSIONAL						

General Comments:

Major Concerns: