

## Resident Teaching Evaluation

Name of Resident Teacher: \_\_\_\_\_

Date of Teaching Encounter: \_\_\_\_\_

Note: This is an evaluation form that helps the EM faculty evaluate the resident physician with whom you worked in the emergency department. Your help is appreciated to ensure that our residents are successfully teaching students rotating in the E.D. Your responses will be kept confidential and will only be shared with the resident during his/her biannual faculty evaluation.

Please circle the appropriate answer for each question.

Did the resident:

Identify possible barriers to the teaching encounter (e.g., the hectic pace of the E.D., other patient care responsibilities) prior to beginning the encounter?	Yes	No
Set a clear goal(s) &/or objective(s) for the encounter?	Yes	No
Ask questions that helped you learn more about the subject?	Yes	No
Teach a general rule or principle (as opposed to isolated facts)?	Yes	No
Provide helpful feedback at the end of the encounter?	Yes	No
Help you set new educational goals (e.g., reading on the topic, seeing another patient with a similar complaint)?	Yes	No

Comments: