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Welcome, Dr. Matthew Short

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Friday, November 30, 2012

View

TY Faculty Development Survey (v.5)

Evaluation of Attending

Attending: [First Name] [Last Name]
Evaluation Period: [99/99/9999] to [99/99/9999]

Evaluator: [First Name] [Last Name]
Rotation Name: [Rotation Name]

Display Competency Headings

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Drag and Move each question or group name in order to change the order displayed

Description

It is an ACGME requirement that all programs must document formal, systematic evaluation of the curriculum at least annually. One of the areas the program must monitor and track is "Faculty Development." This annual survey will be used to ensure that faculty requirements are being met and faculty participation in faculty development activities are being monitored and recorded. The results of this survey will be reviewed at the Transitional Year Program Annual Curriculum Review held every February. Thank you for your assistance in completing this questionnaire.

How would you rate your clinical teaching abilities? **1-Unsatisfactory**

How would you rate the clinical teaching abilities of your specialty colleagues? **2-Below Average**

How would you rate your commitment to the Transitional year educational program? **3-Average**

How would you rate your specialty colleague's commitment to the Transitional year educational program? **4-Above Average**

How would you rate your clinical knowledge? **5-Excellent**

How would you rate the clinical knowledge of your specialty colleagues? **(Select one)**

How would you rate your professionalism? **(Select one)**

How would you rate the professionalism of your specialty colleagues? **(Select one)**

How would you rate your involvement in scholarly activities (i.e. publications, professional presentations, national committees)? **(Select one)**

How would you rate the involvement in scholarly activities by your specialty colleagues? **(Select one)**

How many hours per week do you devote to resident education?

Is the teaching and supervision of transitional year residents on your specialty's rotations the same as that provided to your categorical residents with a similar level of training (i.e. are they involved in educational events and being supervised during the rotation)? **(Select one)**

Are all the physicians in your department (who teach transitional year residents) board certified? **(Select one)**

Do the non-physician faculty members in your department (who teach transitional year residents) have appropriate qualifications in their field? **(Select one)**

Do you and your faculty regularly participate in organized clinical discussions, rounds, journal clubs, and conferences? **(Select one)**

Please list the CME events that you have attended in the last year in order to increase your knowledge and skills in your specialty. These activities could include both didactic (conferences, grand rounds, journal clubs, lecture-based CME events) and experiential (workshops, directed QI projects, practice-improvement self-study).

Please list the CME events that you have attended in the last year that have helped you develop your teaching abilities, professionalism, and/or abilities for incorporating practice-based learning and improvement, systems-based practice, or interpersonal skills into your practice and teaching? These activities could include both didactic (conferences, grand rounds, journal clubs, lecture-based CME events) and experiential (workshops, directed QI projects, practice-improvement self-study).

Please write specific comments for any "No" or less than favorable responses to the above questions concerning any of your faculty or faculty development.

Custom Comment Heading *(optional - 255 chars. max)*

Comments *(Comments placed in this box will not be seen on the summary reports. Please use the box above for any pertinent comments.)*
