

## ATTENDING STAFF EVALUATION

### DEPARTMENT OF DERMATOLOGY MARSHFIELD CLINIC

Faculty: \_\_\_\_\_

Rotation (circle one)

July–September

October–December

January–March

April–June

Resident Instructions: These forms will be collated, summarized, and become part of the record on the attending physician and will be reviewed by the Program and Training Directors. Please return to Cathy Mayer when completed.

		<u>YES</u>	<u>NO</u>
I.	1. When directly working with this attending, did he/she teach history taking, patient counseling, family communication, and physical examination skills?	<input type="checkbox"/>	<input type="checkbox"/>
	2. Were you permitted to be an actual contributor to patient care?	<input type="checkbox"/>	<input type="checkbox"/>
II.	3. Did this attending supplement clinical teaching with didactic instruction such as "chalk talks" or lectures?	<input type="checkbox"/>	<input type="checkbox"/>
	4. Were teaching sessions appropriate for your level of training?	<input type="checkbox"/>	<input type="checkbox"/>
	5. Did this attending significantly hinder conference attendance and protected academic time?	<input type="checkbox"/>	<input type="checkbox"/>
III.	6. Did this attending distribute or direct you to pertinent articles or handouts?	<input type="checkbox"/>	<input type="checkbox"/>
IV.	7. Did this attending directly observe you communicate with and examine patients sufficiently to offer you feedback?	<input type="checkbox"/>	<input type="checkbox"/>
V.	8. Did this attending model professional behavior?	<input type="checkbox"/>	<input type="checkbox"/>
	9. Did you feel that this attending was appropriately available for consultation at times when you needed her/him for backup?	<input type="checkbox"/>	<input type="checkbox"/>
VI.	10. Did the attending's review of your notes help you?	<input type="checkbox"/>	<input type="checkbox"/>
	11. Did this attending offer you on-going or interim feedback during the quarter?	<input type="checkbox"/>	<input type="checkbox"/>
	12. Did this attending give you feedback quarterly?	<input type="checkbox"/>	<input type="checkbox"/>
	13. Based solely on your direct interaction with this attending, would you feel comfortable writing a strong letter of recommendation for this person? Why or why not?	<input type="checkbox"/>	<input type="checkbox"/>
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For the next section, please use the following scale to rate the attending's performance.

1 = Top 15% <b>Outstanding</b>	2 = Top 30% <b>Excellent</b>	3 = Top Half <b>Very Good</b>	4 = Bottom Half <b>Average</b>	5 = Bottom 30% <b>Below Average</b>	6 = Lowest 15% <b>Very Poor</b>	7 – <b>Among the Worst I've Experienced</b>
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16. My perception of this attending as a clinical role model is:  1  2  3  4  5  6  7

An outstanding clinical role model demonstrates excellence through a wide range of clinical skills, humanistic attitudes, technical skills, and knowledge; recognizes her/his own limitations and errors; shows a commitment to personal learning; models team work with other health professionals, practices medicine based on clinical experience and evidence, and behaves with professionalism and integrity.

17. My perception of this attending as a professional mentor is:  1  2  3  4  5  6  7

An outstanding professional mentor is available to attend to your individual learning or personal needs; is sensitive to your feelings; enhances your self confidence; listens and shows you respect; is enthusiastic about practice; and coaches you in the affective aspects of practice.

18. My perception of this attending as a clinical supervisor is:  1  2  3  4  5  6  7

An outstanding clinical supervisor promotes cost-awareness; uses consultants judiciously; encourages patient education, careful medical record keeping, continuity of care, responsible time management; checks the accuracy of your history and physical exam findings; adjusts the amount of supervision to your needs; communicates her/his expectations of you; regularly reviews your management plans with you.

19. My perception of this attending as an instructor is:  1  2  3  4  5  6  7

An outstanding instructor establishes realistic objectives and a conducive learning environment; shows enthusiasm for teaching; asks open-ended questions to explore ideas with you; challenges your thinking appropriately; encourages your active participation in diagnosis and management; explains basis for her/his opinions and advice; emphasizes important elements in a case; is open minded to alternative ideas for diagnosis and management; promotes reflection in clinical practice; and encourages you toward "evidence-based" practice grounded in high quality clinical studies.

20. My perception of this attending as an evaluator is:  1  2  3  4  5  6  7

An outstanding evaluator uses questions to probe your knowledge & clinical judgment; asks you to justify your decisions; provides timely constructive & specific feedback to help you improve your clinical practice; offers direction for the next learning step; & provides timely & specific positive feedback for a job well done.

21. Please list two areas of strengths for this attending:

a)

b)

22. Please list three areas that this attending needs to improve upon:

a)

b)

c)