



TRAINER EVALUATION BY TRAINEES

Name of Trainer: _____ Training Center: _____

Specialty: _____ Rotation: _____ Rotation Period: FROM _____ TO _____

A. How many weeks did you work with this consultant/trainer?

- 1 2 3 4 5 or more

B. The frequency of your contacts with the teaching consultant/trainer was (per week)?

- 1 or less 2 3 4 5 or more

TRAINER		Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
I. Medical Knowledge (MK)					
1	Demonstrated breadth of knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Patient Care (PC)					
2	Made rounds regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Promoted a comprehensive approach to patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Provided opportunity for performing procedure & techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Professionalism (P)					
5	Was approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Provided a good role model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Was available with enough time for trainee's support & supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Interpersonal and Communication Skills (ICS)					
8	Established good rapport with trainee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Communicated well with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Communicated well with other health care professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Related well with patients and families, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. System-Based Practice (SBP)					
12	Was well organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Allowed trainee protected teaching time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Allowed trainees to attend mandatory workshops, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Practice-Based Learning and Improvement (PBLI)					
15	Provided quality teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Stimulated enthusiasm for knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Provided direction & feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Encouraged trainee to take appropriate responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	My total workload was appropriate for the time available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: (Strengths and Areas for Improvement)					

Signature of Trainee (optional): _____ Date: _____

updated 23/12/18