

System for Evaluation of Competencies in Residencies for Urology Faculty Evaluation Form

Faculty: _____

Date: _____

Evaluator: _____

Please rate the program faculty member in the following areas.

Unsatisfactory = Several behaviors performed inadequately or missed (ratings 1, 2, or 3)

Satisfactory = Most behaviors performed acceptably (ratings 4, 5, or 6)

Superior = All behaviors performed very well (ratings 7, 8, or 9)

	UNSATISFACTORY			SATISFACTORY			SUPERIOR			NA
Interest in teaching	1	2	3	4	5	6	7	8	9	NA
Ability to teach surgical technique	1	2	3	4	5	6	7	8	9	NA
Ability to teach research technique	1	2	3	4	5	6	7	8	9	NA
Commitment to the educational program	1	2	3	4	5	6	7	8	9	NA
Ability to motivate	1	2	3	4	5	6	7	8	9	NA
Approachability	1	2	3	4	5	6	7	8	9	NA
Receptiveness to questions	1	2	3	4	5	6	7	8	9	NA
Clinical knowledge	1	2	3	4	5	6	7	8	9	NA
Scholarly and research activities	1	2	3	4	5	6	7	8	9	NA
Overall value to the residency program	1	2	3	4	5	6	7	8	9	NA
<u>Comments:</u>										