

**UNIVERSITY OF WESTERN ONTARIO - DEPARTMENT OF PAEDIATRICS
RESIDENT EVALUATION (by Trainee)**

Resident (presenter): _____ **Date:** _____

Resident level: **PGY1** **PGY2** **PGY3** **PGY4**

Topic: _____

Audience information:

Medical student Clinical Clerk Resident
Allied health Parent Mixed Other

Instruction Group Size:

Large group (>15) Small Group (4-15) Individual(<4)

Instructional Setting:

Hospital classroom University Inpatient ward
OP/Office Community Other

Teaching Time:

1 hr 2 hrs 3 hrs 4 hrs >4 hrs

Content Evaluation - overall how would you rate this session as a learning experience:

Poor Unsatisfactory Borderline Satisfactory Good Very Good Outstanding

Teacher Evaluation - overall how would you rate this instructor as an effective teacher:

Poor Unsatisfactory Borderline Satisfactory Good Very Good Outstanding

Comments on this session: Please include all comments about the course that are fair, constructive, useful and relevant.

Comments on the Instructor: Please include all comments about the course that are fair, constructive, useful and relevant.

Content Evaluation - overall how would you rate this session as a learning experience:

Poor Unsatisfactory Borderline Satisfactory Good Very Good Outstanding

Teacher Evaluation - overall how would you rate this instructor as an effective teacher:

Poor Unsatisfactory Borderline Satisfactory Good Very Good Outstanding

Comments on this session: Please include all comments about the course that are fair, constructive, useful and relevant.

Comments on the Instructor: Please include all comments about the course that are fair, constructive, useful and relevant.