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Email	Std. Performance	Course	Faculty	Classifications	Question Pool	Mult Choice Pool
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Preview Evaluation

Student Performance Evaluation

Faculty Evaluation of Program 2010-11

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Student Level	Student level
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Course Information

Date	Course	Location	Weeks	Credits
01/01/2006 - 01/31/2006	XXX-YYY: Department Course	Location	8	8

Evaluation Period: 01/01/2006 - 01/31/2006

Evaluator: Evaluator name

Student: Student name **Email:** gme-evals@lists.upenn.edu, tracidoupenn@gmail.com

ACGME requires that faculty evaluate the training program(s) in which they participate. This survey provides you an opportunity to assess and comment on the strengths and weaknesses of our training programs. We are asking all faculty to complete the evaluation for any core program or subspecialty program in which they are an active participant. An active participant is defined as an individual having supervisory responsibility for residents/fellows with respect to patient care and/or research. This survey should take no more than 5 minutes of your time. The program director and the chair will receive the aggregated results. Individual responses are confidential. In addition to responding to survey questions, please add comments on the program's strengths and weakness and recommendations for improvement.

Rate on a scale where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree.

- 1.* The Program Director is an effective leader
 1 2 3 4 5 Not Applicable
- 2.* The volume and variety of patients available to the training program for educational purposes are adequate
 1 2 3 4 5 Not Applicable
- 3.* The training program provides an appropriate balance between clinical service and education
 1 2 3 4 5 Not Applicable
- 4.* The quality of faculty supervision in the training program is adequate
 1 2 3 4 5 Not Applicable
- 5.* Working relationships between residents and nurses are professional
 1 2 3 4 5 Not Applicable
- 6.* Department and Division conferences are of value and foster education
 1 2 3 4 5 N/A
- 7.* The training program provides sufficient training to perform required procedures competently
 1 2 3 4 5 Not Applicable
- 8.* The training program graduates competent physicians who are able to practice independently

1 2 3 4 5 Not Applicable

9.* The resources available to the training program are adequate

1 2 3 4 5 Not Applicable

10.* I would recommend this program to other trainees

1 2 3 4 5 Not Applicable

11. Please describe 1 or more opportunities for program improvement

[Rich text](#)

12. Please describe 1 or more strengths of the program

[Rich text](#)

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