



FORM FOR EVALUATION OF PULMONARY FACULTY  
*Pulmonary Disease & Critical Care Medicine*

Faculty:

Evaluator:

Period of Evaluation:

**CONTACT SITES FOR THIS PERIOD:**

*The purpose of this evaluation process is to help improve our teaching program by identifying strengths and areas needing improvement among our faculty. Please assess performance in each of the listed areas based on your contacts with the faculty member during the period indicated.*

*Please return the completed form to my office as soon as possible. I will review these evaluations with each of the faculty when all evaluations have been received. Thank you for your help with this process*

*David A. Kaminsky, MD  
 Associate Professor of Medicine  
 Director, Fellowship Training Program for Pulmonary & Critical Care*

	Rarely	Usually	Always	No Contact
<b>DIDACTIC SKILLS:</b>				
Lectures or seminars well organized	_____	_____	_____	_____
Uses visual aids effectively	_____	_____	_____	_____
Clear and effective speaker	_____	_____	_____	_____
Appropriate information priorities	_____	_____	_____	_____
<b>TEACHING ATTITUDES:</b>				
Enthusiastic, energetic teacher	_____	_____	_____	_____
Takes extra time to teach	_____	_____	_____	_____
Provides positive encouragement	_____	_____	_____	_____
Conveys empowerment to learners	_____	_____	_____	_____
<b>COMMITMENT TO SCHOLARSHIP:</b>				
Exhibits a high level of knowledge	_____	_____	_____	_____
Displays intellectual curiosity	_____	_____	_____	_____
Documents opinions with citations	_____	_____	_____	_____
Provides appropriate literature	_____	_____	_____	_____
<b>HUMANISTIC QUALITIES:</b>				
Shows concern & compassion	_____	_____	_____	_____
Relates well to patients and families	_____	_____	_____	_____
Promotes dignity for others	_____	_____	_____	_____
Relates well to colleagues	_____	_____	_____	_____
<b>PATIENT CARE SKILLS:</b>				
Obtains detailed information	_____	_____	_____	_____
Develops logical plans	_____	_____	_____	_____
Demonstrates procedural skills	_____	_____	_____	_____
Exhibits high level of expertise	_____	_____	_____	_____

**GENERAL COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Evaluator