



GEISEL
— SCHOOL OF —
MEDICINE
AT DARTMOUTH

Evaluation by Student, Resident or Fellow - *CONFIDENTIAL*
For Promotion of a Candidate to Associate or Full Professor
at Geisel School of Medicine at Dartmouth

Candidate	
Evaluator	

Please evaluate the teaching skills (both formal and during clinical rotations of the candidate above. Comments are greatly appreciated. **THIS INFORMATION IS STRICTLY CONFIDENTIAL**

I interacted with the candidate when I was a (please select):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Student	Resident	Fellow	PhD candidate	Postdoctoral associate	Student, other: _____

Approximate amount of time you spent with the candidate:

When (month/years) did you interact with the candidate?

Please rank the candidate on the following:

1. EFFECTIVENESS AS A TEACHER DURING LECTURES

<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Cannot evaluate	<input type="checkbox"/> N/A
-------------------------------	-------------------------------	-------------------------------	------------------------------------	--	------------------------------

2. EFFECTIVENESS AS A TEACHER DURING CLINICAL ACTIVITIES

<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Cannot evaluate	<input type="checkbox"/> N/A
-------------------------------	-------------------------------	-------------------------------	------------------------------------	--	------------------------------

3. EFFECTIVENESS AS A TEACHER DURING LABORATORY/RESEARCH ACTIVITIES

<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Cannot evaluate	<input type="checkbox"/> N/A
-------------------------------	-------------------------------	-------------------------------	------------------------------------	--	------------------------------

COMMENTS ON TEACHING EFFECTIVENESS:

4. EFFECTIVENESS AS A MENTOR

<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Cannot evaluate
-------------------------------	-------------------------------	-------------------------------	------------------------------------	--

COMMENTS ON MENTORING EFFECTIVENESS:

5. PROFESSIONAL CONDUCT AND RELATIONSHIP WITH TRAINEES/STUDENTS

<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Cannot evaluate
-------------------------------	-------------------------------	-------------------------------	------------------------------------	--

COMMENTS:

6. CONTRIBUTIONS TO THE QUALITY OF THE ENVIRONMENT AT YOUR ACADEMIC INSTITUTION AND TO STUDENT LIFE/TRAINEE LIFE

<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Cannot evaluate
-------------------------------	-------------------------------	-------------------------------	------------------------------------	--

COMMENTS:

ANY OTHER COMMENTS YOU WISH TO MAKE:

SIGNATURE: _____

DATE: _____

Thank you for your time and contribution to this important process.

Please return this questionnaire by email to:

First.Last@dartmouth.edu

Or return by U.S. Mail to:

Department

Address

Address