KHYBER MEDICAL COLLEGE PESHAWAR

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TMO EVALUATION OF CONSULTANT/TEACHER

File No._____

Consultant Name _____Deptt_____

Evaluation Period: From_____To _____

Evaluator Name(optional)_____

Rating scale: *0 -No Interaction;* *1-Never;* *2-Infrequently;* *3-Sometimes;* *4-Most of the time* *5-Always*

Medical Knowledge (rating)

- Was his/her knowledge current? _____
- Did he/she provide support for his/her facts? _____
- Did you learn or were you stimulated by this consultant? _____
- How often was he/she dogmatic concerning opinions? _____
- How often did he/she help to sort out priorities? _____
- Was he/she willing to deal with ethical/emotional issues? _____

Humanistic Qualities

- How interested in teaching was he/she? _____
- To what extent did he/she treat trainees with fairness _____
- To what degree was there stimulus for independent learning? _____
- To what degree did he/she make you aware of your weakness? _____
- Did he/she provide you with critiques based on your work? _____
- How helpful were these critiques? _____

Overall/Summary

Please rate this instructors overall teaching effectiveness _____

(0-very poor; 1-poor; 2-inadequate; 3-average; 4-above average; 5-excellent)

Comments*(Please* write about *Strengths, Weaknesses and Areas for Improvement)*

**Confidential Comments *(*The following comments will only be seen by the Program Director/Assoc Dean for Education)