



# Khyber Medical College Peshawar

## Consultant Evaluation Form (To be completed by Medical Officer / Resident Doctor)

Name of Consultant		Employee Code	
Department		Date of Evaluation	

**Instructions:** Please rate your assessment of this doctor honestly, being as accurate as you can. Comments may be written on reverse side, or typed and returned separately. Completed forms to be returned to the **Human Resources Department** (Medical Education Section).  
Use the rating scale given below.

**Rating Scale: 1 = Poor, 2 = Less than Adequate, 3 = Adequate, 4 = More than Adequate, 5 = Outstanding**

#	Performance Dimensions						Unable to Rate
		1	2	3	4	5	
1	The overall quality of this Consultant teacher was	1	2	3	4	5	
2	The total amount of time this Consultant spent with me was	1	2	3	4	5	
3	This Consultant's availability for consultation during daytime and Evening/weekend hours was	1	2	3	4	5	
4	This Consultant's knowledge in the relevant specialty/subspecialty fields was	1	2	3	4	5	
5	The organization and efficiency of this Consultant's teaching was	1	2	3	4	5	
6	The effectiveness of this Consultant's teaching of clinical skills was	1	2	3	4	5	
7	This Consultant explained the basis of clinical decisions in a manner which was	1	2	3	4	5	
8	The degree to which this Consultant facilitated my acquisition of technical skills (e.g. Surgical, laboratory, diagnostic, clinical) was	1	2	3	4	5	
9	The degree to which this Consultant encouraged self learning and independent Thinking was	1	2	3	4	5	
10	The degree to which this Consultant delegated appropriate patient care was	1	2	3	4	5	
11	The degree to which this Consultant served as a good role model was	1	2	3	4	5	
12	The degree to which this Consultant displayed a positive attitude toward house-staff was	1	2	3	4	5	
13	The degree to which this Consultant modeled a humane, caring attitude toward patients was	1	2	3	4	5	
14	The degree to which this Consultant encouraged cost effective use of medical resources was	1	2	3	4	5	
						No. of Responses	
						Maximum Score	
						<b>Total Marks Obtained</b>	
Name of Evaluator (Optional)				Signature (Optional)			