

**RESIDENCY TRAINING PROGRAM:
RESIDENTS' FEEDBACK ON FACULTY**

Residency Program:	Endodontics <input type="checkbox"/>	Oral Maxillofacial Surgery <input type="checkbox"/>
	Orthodontics <input type="checkbox"/>	Periodontics <input type="checkbox"/>
	Prosthodontics <input type="checkbox"/>	
Year of Residency:	Year 1	Date: _____

Dear Residents, we would appreciate it if you can spend a few minutes to complete the feedback form below. Based on your experience on the teaching activity in NDCS, please rate the supervisors in terms of the following:

1=Inadequate 2=Adequate 3=Good 4=Excellent

1. Obtaining a commitment from the resident

1a. Asks for relevant details of the case	①	②	③	④
1b. Asks how the diagnosis is derived	①	②	③	④
1c. Asks what the plan for the patient is	①	②	③	④
1d. Asks how the plan was derived	①	②	③	④

2. Probing for supporting evidence

2a. Asks for differential diagnoses	①	②	③	④
2b. Asks for different treatment options	①	②	③	④
2c. Asks for risks and benefits	①	②	③	④

3. Teaching general rules

3a. Highlights relevant key features	①	②	③	④
3b. Summarizes key features	①	②	③	④

4. Providing positive feedback

4a. Asks you to identify what went right/ wrong	①	②	③	④
4b. Reinforces what was effective	①	②	③	④

5. Correcting mistakes with feedback

5a. Asks what could be done better	①	②	③	④
5b. Guides you towards self-directed learning	①	②	③	④