



F.A.C.T-form

(Fellows Assessment of Critical care Teacher)

of the *Critical Care Education Foundation*

Unit-F, Gemini Park, Mankhurd, V.N. Purav Marg, Mumbai-400 088.

Email to: Chairman@ccef.in

Tel: +91 9820038240

Name of Teacher: _____ Year for which appearing _____ (Part ___ exam)

Evaluated by (student): _____ Date: ___/___/_____

Note:

1. The Academic Council of the College of Critical Care Medicine takes teaching very seriously. This Teacher/ mentor evaluation form (FACT) is a tool intended for providing important feed-back of the teachers to the Academic Council of the College to help them improve this program. **YOUR NAME WILL NEVER BE DISCLOSED TO YOUR TEACHER.**
2. An honest assessment of your teacher 6 monthly is an important obligation of every student and helps the Council ensure high standards for this program.
3. Use 1 form per teacher. **DO NOT RATE THE OVERALL PROGRAM, JUST ONE TEACHER** per form.
4. Grading by star system: 0 (never met this person!), 1+ (poor), 2+ (below average/ expectation), 3+ (average), 4+ (very good), 5+ (excellent, Role model)
5. **THIS DOCUMENT IS CONFIDENTIAL AND WILL NOT BE SHARED WITH ANY TEACHER OR HOSPITAL. IT IS ONLY FOR QUALITY CONTROL.**

		0	1+	2+	3+	4+	5+
1.	Made themselves available to me when I needed.						
2.	Encouraged/ motivated me to improve and excel myself						
3.	Showed respect for me as a doctor and student.						
4.	Showed respect for ICU team members						
5.	Demonstrated good skills at counselling patients' relatives						
6.	Good knowledge of evidence based critical care						
7.	Is a good role model as teacher in critical care						
8.	Took interest in bedside teaching						
9.	Took formal classes on critical care topics						

Comments if Any:

Name of Candidate

Signature:

Hospital Name:

City: