



**Rotation Evaluation Form**

Name of Resident: \_\_\_\_\_ Dates of Rotation \_\_\_\_\_

Rotation: \_\_\_\_\_

**Please rate this rotation in comparison to other rotations that you have participated in. Circle one rating response per item. If you have had insufficient contact to evaluate a particular characteristic or it does not apply to this rotation, circle UE (unable to evaluate).**

**Rating Scale**

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree UE=unable to Evaluate

<b>Clinical Learning Opportunities</b>						
There were an adequate number of patients available for learning.	1	2	3	4	5	UE
There was an adequate diversity of case pathology available for learning.	1	2	3	4	5	UE
Osteopathic diagnosis and treatment was practiced during this rotation.	1	2	3	4	5	UE
The available training to utilize diagnostic technologies was adequate.	1	2	3	4	5	UE
<b>Supervision and Feedback</b>						
I was satisfied with the quality of supervision I received.	1	2	3	4	5	UE
Staff members provided me with constructive criticism that enhanced my education.	1	2	3	4	5	UE
There was a review of my histories, physical exams, progress notes, and charts.	1	2	3	4	5	UE
The performance evaluation form was used to promote my education.	1	2	3	4	5	UE
My knowledge & skills were fairly judged as commensurate with my level of training.	1	2	3	4	5	UE
The attending expressed an adequate interest in teaching during the rotation	1	2	3	4	5	UE
The residents expressed an adequate level of interest in teaching on this rotation.	1	2	3	4	5	UE
I felt comfortable approaching the attending with questions.	1	2	3	4	5	UE
I felt comfortable approaching residents on this rotation with questions.	1	2	3	4	5	UE
<b>Organization of Teaching Program</b>						
My responsibilities were explained to me at the beginning of this rotation.	1	2	3	4	5	UE
The educational objectives were explained to me at the beginning of this rotation.	1	2	3	4	5	UE
I felt meaningfully engaged during the course of this rotation.	1	2	3	4	5	UE
The clinical site was adequately organized, with sufficient teaching faculty to conduct this rotation.	1	2	3	4	5	UE
The office of the Director of Medical Education was responsive to my needs.	1	2	3	4	5	UE
<b>Library/Education</b>						
I had an adequate amount of study time for study/reading during this rotation.	1	2	3	4	5	UE
The library was adequate to meet my educational needs.	1	2	3	4	5	UE
<b>Lectures</b>						
The number of lectures conducted during this rotation was adequate for educational purposes.	1	2	3	4	5	UE
The quality of the lectures was adequate for educational purposes.	1	2	3	4	5	UE
Lecture topics were relevant to and added to the education commensurate with my my level of training.	1	2	3	4	5	UE
Most of the lectures were conducted by (circle one): Attendings    Residents    Other: _____						
<b>Teaching Rounds</b>						
The number of teaching rounds was adequate for educational purposes.	1	2	3	4	5	UE
The quality of the teaching rounds during this rotation was adequate for education.	1	2	3	4	5	UE
The teaching rounds contributed to my overall education during this rotation.	1	2	3	4	5	UE
Most of the teaching rounds were conducted by(circle one): Attendings    Residents    Other: _____						

Personal Opinion						
At the end of this rotation, I felt I acquired the necessary skills for this area, appropriate to my level of training.	1	2	3	4	5	UE
This rotation was structured to provide an appropriate balance between service to the hospital and education.	1	2	3	4	5	UE
The demands of this rotation and the overall educational environment at this site did NOT unhealthy stress.	1	2	3	4	5	UE
I would recommend this rotation to others as a good educational experience.	1	2	3	4	5	UE

COMMENTS:

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Intern/Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Medical Education Signature: \_\_\_\_\_ Date: \_\_\_\_\_