*indicates a mandatory response

**ROTATION EVALUATION**

Please complete this rotation evaluation questionnaire by placing an "X" in the appropriate box that best describes your opinion of the rotation.

Were the goals and expectations of this rotation explained to you at the onset of the rotation?
- No
- Yes

Did you achieve your goals?
- No
- Yes

Please mark each item which best represents your view of the rotation:

<table>
<thead>
<tr>
<th>Item</th>
<th>Not Applicable</th>
<th>1 - far too little</th>
<th>2 - too little</th>
<th>3 - about right</th>
<th>4 - too much</th>
<th>5 - far too much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assess the quality of clinical material available for teaching</td>
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<td>2. Assess the amount of teaching relevant toward the objectives of training</td>
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<td>3. Assess the amount of patient responsibility you were given in relation to your level of training</td>
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<td>4. Assess the extent of which you were allowed to participate in the discharge planning and administrative aspects of patient care</td>
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<td>5. Assess the degree to which the attending staff person was available for discussion and assistance in problem cases.</td>
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<td>6. Assess the amount of teaching responsibility for medical students</td>
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<td>7. Assess the quality of the overall organization of the rotation</td>
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<td>8. Assess the overall quality of teaching</td>
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<td>9. Assess the overall morale of the rotation</td>
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</tbody>
</table>

1. What were the best aspects of this rotation?
2. What were the least desirable aspects of this rotation?

3. Please make any other comments or suggestions that you feel are pertinent to the evaluation of your rotation.

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?
  ○ Yes
  ○ No

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?
  ○ Yes
  ○ No

*Are you in agreement with this assessment?
  ○ Yes
  ○ No

Resident's comments