# Resident Evaluation of Rotation

Evaluator: ____________________________  Evaluatee: ____________________________

Residency Program: ____________________________  Evaluation Date: ____________________________

## EDUCATION

### Clarity of educational objectives

- ( ) Unsatisfactory  (Comment Required)
- ( ) Below Average  (Comment Required)
- ( ) Average
- ( ) Above Average
- ( ) Excellent
- ( ) Not Applicable  (Comment Required)

### Match of stated objectives with your rotation experience

- ( ) Unsatisfactory  (Comment Required)
- ( ) Below Average  (Comment Required)
- ( ) Average
- ( ) Above Average
- ( ) Excellent
- ( ) Not Applicable  (Comment Required)

### Quality of didactic activities

- ( ) Unsatisfactory  (Comment Required)
- ( ) Below Average  (Comment Required)
- ( ) Average
- ( ) Above Average
- ( ) Excellent
- ( ) Not Applicable  (Comment Required)
### Resident Evaluation of Rotation

#### Quality of patient care experience

- ( ) Unsatisfactory (Comment Required)
- ( ) Below Average (Comment Required)
- ( ) Average
- ( ) Above Average
- ( ) Excellent
- ( ) Not Applicable (Comment Required)

#### Mix of common and uncommon cases

- ( ) Unsatisfactory (Comment Required)
- ( ) Below Average (Comment Required)
- ( ) Average
- ( ) Above Average
- ( ) Excellent
- ( ) Not Applicable (Comment Required)

#### Racial/ethnic diversity of patients

- ( ) Unsatisfactory (Comment Required)
- ( ) Below Average (Comment Required)
- ( ) Average
- ( ) Above Average
- ( ) Excellent
- ( ) Not Applicable (Comment Required)

#### Adequacy of the number of patients

- ( ) Unsatisfactory (Comment Required)
- ( ) Below Average (Comment Required)
- ( ) Average
- ( ) Above Average
- ( ) Excellent
- ( ) Not Applicable (Comment Required)
<table>
<thead>
<tr>
<th>Resident Evaluation of Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amount of service work</strong></td>
</tr>
<tr>
<td>( ) Unsatisfactory</td>
</tr>
<tr>
<td>( ) Below Average</td>
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<table>
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<tr>
<th><strong>Commitment to resident education</strong></th>
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<tbody>
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<tr>
<th><strong>Support of an academic environment emphasizing scholarship</strong></th>
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<th><strong>Availability of time for residents to participate in required educational activities</strong></th>
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</table>
Resident Evaluation of Rotation

Availability of time off for residents to participate in professional meetings and elective educational activities

( ) Unsatisfactory  (Comment Required)
( ) Below Average  (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable  (Comment Required)

PATIENT CARE

Commitment to the technical quality of patient care

( ) Unsatisfactory  (Comment Required)
( ) Below Average  (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable  (Comment Required)

Commitment to patient satisfaction

( ) Unsatisfactory  (Comment Required)
( ) Below Average  (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable  (Comment Required)
### Resident Evaluation of Rotation

**Emphasis on patient safety**

- ( ) Unsatisfactory  (Comment Required)
- ( ) Below Average  (Comment Required)
- ( ) Average
- ( ) Above Average
- ( ) Excellent
- ( ) Not Applicable  (Comment Required)

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**Working relationships between residents and nurses**

- ( ) Unsatisfactory  (Comment Required)
- ( ) Below Average  (Comment Required)
- ( ) Average
- ( ) Above Average
- ( ) Excellent
- ( ) Not Applicable  (Comment Required)

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**Teamwork in caring for patients**

- ( ) Unsatisfactory  (Comment Required)
- ( ) Below Average  (Comment Required)
- ( ) Average
- ( ) Above Average
- ( ) Excellent
- ( ) Not Applicable  (Comment Required)

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**SUPERVISION**
## Resident Evaluation of Rotation

### Your ability to exercise patient responsibility commensurate with documented competence

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<tr>
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### Your ability to get assistance from faculty with a patient when needed

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### Your ability to get assistance from senior residents with a patient when needed

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### Receptivity of senior residents/attendings to your requests for consults

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Resident Evaluation of Rotation

CLINICAL SUPPORT

Number of nurses
( ) Unsatisfactory
( ) Below Average (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable (Comment Required)

Quality of nursing staff
( ) Unsatisfactory (Comment Required)
( ) Below Average (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable (Comment Required)

Adequacy of other clinical staff (e.g., ward clerks, transport, phlebotomy)
( ) Unsatisfactory (Comment Required)
( ) Below Average (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable (Comment Required)
Resident Evaluation of Rotation

Availability of supplies and equipment

( ) Unsatisfactory (Comment Required)
( ) Below Average (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable (Comment Required)

Availability of medical records

( ) Unsatisfactory (Comment Required)
( ) Below Average (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable (Comment Required)

Laboratory services

( ) Unsatisfactory (Comment Required)
( ) Below Average (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable (Comment Required)

Diagnostic radiology services

( ) Unsatisfactory (Comment Required)
( ) Below Average (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable (Comment Required)
WORKLOAD

Number of patients for which you were responsible

(  ) Unsatisfactory  (Comment Required)
(  ) Below Average  (Comment Required)
(  ) Average
(  ) Above Average
(  ) Excellent
(  ) Not Applicable  (Comment Required)

Your night call schedule

(  ) Unsatisfactory  (Comment Required)
(  ) Below Average  (Comment Required)
(  ) Average
(  ) Above Average
(  ) Excellent
(  ) Not Applicable  (Comment Required)

Amount of scut work you had to do

(  ) Unsatisfactory  (Comment Required)
(  ) Below Average  (Comment Required)
(  ) Average
(  ) Above Average
(  ) Excellent
(  ) Not Applicable  (Comment Required)
Availability of relief from patient responsibilities when needed due to fatigue or excessive workload

( ) Unsatisfactory (Comment Required)
( ) Below Average (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable (Comment Required)

WORK ENVIRONMENT

Orientation at the beginning of this rotation

( ) Unsatisfactory (Comment Required)
( ) Below Average (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable (Comment Required)

Safety and security

( ) Unsatisfactory (Comment Required)
( ) Below Average (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable (Comment Required)
## Resident Evaluation of Rotation

### Availability of computers

- ( ) Unsatisfactory  (Comment Required)
- ( ) Below Average  (Comment Required)
- ( ) Average
- ( ) Above Average
- ( ) Excellent
- ( ) Not Applicable  (Comment Required)

### Availability to the internet

- ( ) Unsatisfactory  (Comment Required)
- ( ) Below Average  (Comment Required)
- ( ) Average
- ( ) Above Average
- ( ) Excellent
- ( ) Not Applicable  (Comment Required)

### Adequacy of call rooms

- ( ) Unsatisfactory  (Comment Required)
- ( ) Below Average  (Comment Required)
- ( ) Average
- ( ) Above Average
- ( ) Excellent
- ( ) Not Applicable  (Comment Required)

### Food availability and quality

- ( ) Unsatisfactory  (Comment Required)
- ( ) Below Average  (Comment Required)
- ( ) Average
- ( ) Above Average
- ( ) Excellent
- ( ) Not Applicable  (Comment Required)
Resident Evaluation of Rotation

Facility cleanliness and upkeep

( ) Unsatisfactory (Comment Required)
( ) Below Average (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable (Comment Required)

Resident workspace

( ) Unsatisfactory (Comment Required)
( ) Below Average (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable (Comment Required)

TREATMENT OF RESIDENTS

Frequency of your formal evaluations

( ) Unsatisfactory (Comment Required)
( ) Below Average (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable (Comment Required)
Resident Evaluation of Rotation

Constructiveness of the feedback you received from formal evaluations

( ) Unsatisfactory  (Comment Required)
( ) Below Average  (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable  (Comment Required)

Frequency of your informal evaluations

( ) Unsatisfactory  (Comment Required)
( ) Below Average  (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable  (Comment Required)

Constructiveness of the feedback you received from informal evaluations

( ) Unsatisfactory  (Comment Required)
( ) Below Average  (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable  (Comment Required)

Your own treatment by faculty/staff/sttendings

( ) Unsatisfactory  (Comment Required)
( ) Below Average  (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable  (Comment Required)
Resident Evaluation of Rotation

Your own treatment by senior residents

( ) Unsatisfactory   (Comment Required)
( ) Below Average   (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable   (Comment Required)

Overall treatment of residents on this rotations

( ) Unsatisfactory   (Comment Required)
( ) Below Average   (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable   (Comment Required)

Responsiveness to resident issues, suggestions, and complaints

( ) Unsatisfactory   (Comment Required)
( ) Below Average   (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable   (Comment Required)

Sensitivity to residents' cultural differences

( ) Unsatisfactory   (Comment Required)
( ) Below Average   (Comment Required)
( ) Average
( ) Above Average
( ) Excellent
( ) Not Applicable   (Comment Required)
Resident Evaluation of Rotation

DUTY

Were you on duty more than 80 hours during any week of this rotation

(    ) Yes   (Comment Required)
(    ) No

What was your longest period of continuous duty

Did you get at least one 24-hour day off in seven

(    ) Yes
(    ) No   (Comment Required)

Were you ever on call more often than every 3rd night

(    ) Yes   (Comment Required)
(    ) No

OVRALL ASSESSMENT
## Resident Evaluation of Rotation

### Education

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### Patient Care

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### Supervision

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### Clinical Support

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# Resident Evaluation of Rotation

## Workload
- [ ] Unsatisfactory (Comment Required)
- [ ] Below Average (Comment Required)
- [ ] Average
- [ ] Above Average
- [ ] Excellent
- [ ] Not Applicable (Comment Required)

## Work Environment
- [ ] Unsatisfactory (Comment Required)
- [ ] Below Average (Comment Required)
- [ ] Average
- [ ] Above Average
- [ ] Excellent
- [ ] Not Applicable (Comment Required)

## Treatment of Residents
- [ ] Unsatisfactory (Comment Required)
- [ ] Below Average (Comment Required)
- [ ] Average
- [ ] Above Average
- [ ] Excellent
- [ ] Not Applicable (Comment Required)

## Rotation Overall
- [ ] Unsatisfactory (Comment Required)
- [ ] Below Average (Comment Required)
- [ ] Average
- [ ] Above Average
- [ ] Excellent
- [ ] Not Applicable (Comment Required)