

Welcome, M'Liss Sella

Tuesday, June 26, 2007

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View 

## Resident Evaluation Of Subspecialty Rotation

Evaluator: [First Name] [Last Name]

Evaluation Period: [99/99/9999] to [99/99/9999]

### Rotations

I was provided an orientation to the rotation. 5=Yes, 1 = No	
I was provided a written list of the educational objectives of the rotation. 5=Yes, 1=No	
I was provided a list of suggested reading/educational resources. 5=Yes, 1=No	
Rate the quality and diversity of the pathology seen.	
Rate the learning value of attending rounds.	
Rate the quality of supervision by faculty.	
Rate the quality of supervision/teaching by fellows.	
Was the schedule of rounds and conferences appropriate for the rotation?	
I had adequate opportunity to observe the standard procedures of this specialty. 5=Yes, 1=No	
I was instructed in the interpretation of the standard diagnostic studies of this specialty. 5=Yes, 1=No	
I was required to attend ambulatory care clinics of this specialty. 5=Yes, 1=No	

How well did this rotation make accommodations for your continuity clinic, duty hour restrictions, and noon conferences?	
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Rate how well this rotation provided the knowledge and skills of the specialty that would be needed by a general internist.	
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I received feedback on my performance at the end of the rotation. 5=Yes, 1=No	
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I had scheduled leave during the rotation. 5=Yes, 1=No	
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Did you have the opportunity to evaluate patients independently prior to rounds with fellow/attending? 5=Yes, 1=No	
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### Overall/Summary

Rate your overall assessment of the rotation	
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**Comments** *(Please write about Strengths, Weaknesses and Areas for Improvement)*

### Optional Comments Section:

**\*\* Confidential Comments** *(The following comments will only be seen by the Program Director)* \*\*