

RESIDENT EVALUATION OF CLINICAL ROTATION

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Mail or email completed form to the residency office

Date of Evaluation		Resident Name:		<input type="checkbox"/> PGY-I	<input type="checkbox"/> PGY-II	<input type="checkbox"/> PGY-III	<input type="checkbox"/> PGY-IV
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Rotation/Location:		Dates of Rotation:		TO
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Name of Supervisor(s):	Title:
Average number of hours per week on rotation:	
Estimated on-call hours per week while on rotation:	
Estimated hours spend on didactics/lectures per week on rotation:	
Estimated total number of unduplicated patients treated on rotation:	

Instructions: Double-click on the appropriate number in each area and comment accordingly. Use a rating of "5" for a standard/average level.

Explain in detail why the specific grade was given to the supervisor/attending in the space provided below the questions. Please type in your full name in the signature box before emailing. Please return this form no later than one week after the completion of the rotation.

- 1. PATIENT CARE** (Goals and objectives of rotation clearly identified and implemented; number and diversity of patient population adequate for personal growth; time allotted for direct patient care vs. demands for record keeping; "hands-on" opportunities and autonomy on service; leadership encouraged):

- Not Applicable
 - Inadequate
 - Adequate
 - Superior
 - Excessive

Additional Comments:	
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- 2. EDUCATION** (Quality of teaching by supervisor and/or staff; educational sessions offered either individually or in small groups; reading material suggested or provided; evidence-based approaches encouraged):

- Not Applicable
 - Inadequate
 - Adequate
 - Superior
 - Excessive

Additional Comments:	
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- 3. SUPERVISION** (Supervisor modeled clinical skills, attitudes, and professional behaviors; patient centered supervision provided by attending; time set aside for individual supervision):

- Not Applicable
 - Inadequate
 - Adequate
 - Superior
 - Excessive

Additional Comments:	
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- 4. FEEDBACK** (Constructive criticism provided in a timely fashion):

- Not Applicable
 - Inadequate
 - Adequate
 - Superior
 - Excessive

Additional Comments:	
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