

## Resident Evaluation of Rotation

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

Date: \_\_\_\_\_

Rating Scale: 1 = Fail 2 = Below Average 3 = Satisfactory 4 = Above Expectations 5 = Superior

**Please Circle Rating** (Ratings less than 3 "Satisfactory" require comments.)

|  |             |                  |
|--|-------------|------------------|
| <b>Educational</b>   |             | <b>Comments:</b> |
| 1. Did you know the goals outlined for this rotation?  | X 1 2 3 4 5 |                  |
| 2. Did you feel that you achieved the goals and objectives?  | X 1 2 3 4 5 |                  |
| 3. Were you given or assigned reading materials to enhance your experience?  | X 1 2 3 4 5 |                  |
| 4. Did you feel that the environment was conducive to learning?  | X 1 2 3 4 5 |                  |
| 5. Were you exposed to a variety of clinical experiences?  | X 1 2 3 4 5 |                  |
| 6. Were topics/problems not seen during the rotation but included in the rotation curriculum discussed during your rotation? | X 1 2 3 4 5 |                  |
| <b>Medical Knowledge</b>   |             | <b>Comments:</b> |
| 1. Were you able to access appropriate journals and publications for appropriate patient care?                               | X 1 2 3 4 5 |                  |
| 2. Did you create and maintain patient records?  | X 1 2 3 4 5 |                  |
| <b>Practice Based Learning &amp; Improvement</b>   |             | <b>Comments:</b> |
| 1. Were you able to understand and apply decision-making tools?  | X 1 2 3 4 5 |                  |
| 2. Did you recognize the difference between screening and diagnostic testing?  | X 1 2 3 4 5 |                  |
| 3. Were you able to monitor and evaluate patient outcomes?   | X 1 2 3 4 5 |                  |
| <b>Interpersonal and Communication Skills</b>  |             | <b>Comments:</b> |
| 1. Did you feel respected and part of the team?  | X 1 2 3 4 5 |                  |
| 2. Were you able to encourage patient participation in decision making?  | X 1 2 3 4 5 |                  |
| 3. Were your suggestions valued and used by the team?  | X 1 2 3 4 5 |                  |
| <b>Professionalism</b>   |             | <b>Comments:</b> |
| 1. Were you provided the support you needed on the rotation?   | X 1 2 3 4 5 |                  |
| 2. Were patients cared for in a timely manner?   | X 1 2 3 4 5 |                  |
| <b>Systems Base Practice</b>   |             | <b>Comments:</b> |
| 1. Were you able to practice cost effective health care?   | X 1 2 3 4 5 |                  |
| 2. Were you able to assist patients in dealing with system complexity and issues?  | X 1 2 3 4 5 |                  |
| 3. Were you able to promote confidence in the medical profession?  | X 1 2 3 4 5 |                  |
| <b>Osteopathic Principles/Practice/Osteopathic Manipulative Treatment OPP/OMT</b>  |             | <b>Comments:</b> |
| 1. Were you able to perform structural exams?  | X 1 2 3 4 5 |                  |
| 2. Were you able to perform OMT?   | X 1 2 3 4 5 |                  |