Evaluation Form

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medhub

Rotation - Team

Evaluator: _____

Evaluation of: _____

Date: _____

Department of Medicine

UPSTATE MEDICAL UNIVERSITY COLLEGE OF MEDICINE

Educational Experience

	Unable to Answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The rotation was mainly an educational experience, without excessive reliance on residents for service*	☐	☐	☐	☐	☐	☐

Service Responsibilities

	Unable to Answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
2. Your service responsibilities were limited to patients for whom you had major Dx and Rx responsibilities*	☐	☐	☐	☐	☐	☐

Sufficient Responsibility

	Unable to Answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
3. You were given sufficient responsibility for decision-making and direct patient care.*	☐	☐	☐	☐	☐	☐

Hours of Duty

	Unable to Answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
4. Averaged over the week, you spent less than or equal to 80 hours per week on duty.*	☐	☐	☐	☐	☐	☐

Days Off

	Unable to Answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5. Averaged over the rotation, you had at least 1	☐	☐	☐	☐	☐	☐

day in 7 free of patient care duties.*

Order Writing

	Unable to Answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
6. The attending did not write orders on resident patients during working hours (except during emergencies).*	☐	☐	☐	☐	☐	☐

Number of Attendings

	Unable to Answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
7. You did not have to relate to so many attendings that it interfered with your educational process.*	☐	☐	☐	☐	☐	☐

Procedures

	Unable to Answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
8. You had adequate opportunity to learn and develop proficiency in procedures and interpreting results.*	☐	☐	☐	☐	☐	☐

Management vs Referral

	Unable to Answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
9. You became familiar with aspects of care in the specialty area that are appropriately diagnosed and managed by general internists vs. those that should be referred to, or managed jointly with, subspecialists.*	☐	☐	☐	☐	☐	☐

Facilities

	Unable to Answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
10. The facilities were adequate with regard to support services, and space for teaching and patient care.*	☐	☐	☐	☐	☐	☐

Records Availability

	Unable to Answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
11. Medical records, x-ray, films, and results of diagnostic studies were readily available when needed.*	☐	☐	☐	☐	☐	☐

Rotation Value

	Not Applicable	Poor	Fair	Good	Very Good	Excellent
	0	1	2	3	4	5
12. Overall Educational Value of this Clinical Activity.*	☐	☐	☐	☐	☐	☐

General Program Satisfaction

	Cannot Evaluate	Unsatisfactory	Marginal	Satisfactory/Meets Expectations	Very Good	Outstanding
	0	1	2	3	4	5
13. Rate your current overall level of satisfaction with the residency program.*	☐	☐	☐	☐	☐	☐

Rotation Strengths

Describe the strengths of this clinical activity compared to the others you have taken. *

Rotation Weaknesses

Describe the weaknesses of this clinical activity and suggest areas for improvement. *

Confidential Comments, Rotation

This area is for providing positive or negative feedback that you don't feel comfortable giving directly. These comments will NOT go directly to rotation coordinators. They will go to the Program Director and Department Head who

may contact you to discuss your concerns
further. '