

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER  
SCHOOL OF MEDICINE**

**Office of Curriculum  
Year 4 Student Evaluation of Required and Elective Rotations**

**Name of Rotation** \_\_\_\_\_ **Date of Rotation** \_\_\_\_\_

**1) Campus** \_\_\_\_\_

**2) Please rate your degree of agreement with each statement below using the scale:**

1= Strongly Disagree; 2= Disagree; 3=Neutral; Strongly Agree, and 5= Strongly Agree

	1= Strongly Disagree through 5=Strongly Agree					
	1	2	3	4	5	NA
a) The supervising faculty provided clear oral and written objectives for learning.						
b) The supervising faculty was available to deal with problems.						
c) You received clear written objectives that guided your learning.						
d) The course syllabus was helpful.						
e) Formal teaching sessions provided effective learning experiences.						
f) Inpatient Rounds as described in the objectives provided effective learning experiences.						
g) Ambulatory experiences as described in the objectives provided effective learning experiences.						
h) Operations or procedures were effective teaching and learning experiences.						
i) Faculty provided quality teaching.						
j) Faculty modeled professional behavior.						
k) Residents provided quality teaching.						
l) Residents modeled professional behavior.						
m) Students in your rotation group modeled professional behavior.						
n) The criteria for evaluating your performance were appropriate.						

**3) Please rate whether you agree or disagree that the amount of time or exposure for the item listed was sufficient for your learning using the scale below.**

1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Strongly Agree, and 5 = Strongly Agree

	1= Strongly Disagree through 5=Strongly Agree					
	1	2	3	4	5	NA
a) Exposure to procedures.						
b) Time allotted for reading about your patients.						

- |   |   |   |   |   |   |    |
|---|---|---|---|---|---|----|
| c) Time allotted for formal teaching sessions.                  | 1 | 2 | 3 | 4 | 5 | NA |
| d) Time you were required to be on call.                        | 1 | 2 | 3 | 4 | 5 | NA |
| e) Time during night call for teaching and learning.            | 1 | 2 | 3 | 4 | 5 | NA |
| f) Amount of exposure to ambulatory patients.                   | 1 | 2 | 3 | 4 | 5 | NA |
| g) Amount of exposure to acute care or emergency room patients. | 1 | 2 | 3 | 4 | 5 | NA |
| h) Amount of time you were involved in patient management.      | 1 | 2 | 3 | 4 | 5 | NA |
| i) The amount of resident involvement in teaching.              | 1 | 2 | 3 | 4 | 5 | NA |
| j) The amount of faculty involvement in teaching.               | 1 | 2 | 3 | 4 | 5 | NA |

**In questions 4-9, please respond briefly to the following questions in the space provided.**

- 4) Who were the best faculty members you worked with during this rotation?
- 5) Who were the best residents you worked with during this rotation?
- 6) What clinical skills and/or patient activities need more emphasis or improvement in this rotation?
- 7) Are any changes needed in grading in this rotation?
- 8) What books or other resources were most helpful in preparing for your day-to-day responsibilities?
- 9) What other comments would you like to make about this rotation?
- 10) Circle your degree of agreement with the statement "This was an excellent rotation".

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1	2	3	4	5	N/A