

EVALUATION OF ROTATION BY RESIDENT

Department of Pediatrics

Rotation: _____ Rotation/Block #: _____

Rating Key:

- N/A Can't Evaluate
- 1 Not acceptable
- 2 Highly variable and sometimes poor/not acceptable
- 3 Acceptable/average
- 4 Better than average
- 5 Superior

	n/a	1	2	3	4	5
1. PATIENT CARE						
1. The nature and range of the pathology seen was appropriate						
2. My opportunity to deliver care was appropriate						
3. The opportunity for procedures was appropriate						
2. MEDICAL KNOWLEDGE						
1. Clinical teaching was provided by the attending(s)						
2. There is ready access to multimedia resources:						
3. There are adequate learning opportunities						
3. INTERPERSONAL SKILLS						
1. I was treated as a member of the clinical team						
2. The team functioned collaboratively:						
3. I was able to establish rapport with Allied Health Professionals						
4. I was able to establish rapport with patients/families:						
4. PRACTICE BASED LEARNING/IMPROVEMENT						
1. I received feedback on my patient care and decision-making						
2. I received proper orientation for this clinical setting						
3. I was able to give feedback for improvements						
5. SYSTEMS BASED PRACTICE						
1. All appropriate health care professionals are able to participate in patient care						
2. Inpatient care and/or outpatient care are coordinated						
3. There are adequate opportunities to participate in Inter-professional collaboration						
6. PROFESSIONALISM						
1. I was treated professionally						
2. The rotation was conducted professionally						
3. Breaches in professional conduct were addressed quickly and professionally						
4. The degree of my autonomy for patient care was appropriate:						
7. GOALS AND OBJECTIVES						
1. I have reviewed the goals and objectives of this rotation. The stated goals and objectives for this rotation were met.						

Comments:

Resident Name (Optional)