

**ANNUAL PEDIATRIC RESIDENCY PROGRAM EVALUATION**  
**ACADEMIC YEAR: \_\_\_\_\_**

**Present Level of Training:** (circle one) Peds I II III

**I. Didactic Curriculum**

What is your overall impression of the didactic curriculum for this past academic year?

	Poor/Far Below Expectations			Meets expectations				Superior/Far Exceeds Expectations		
Ambulatory Talks	1	2	3	4	5	6	7	8	9	10
Morning Reports	1	2	3	4	5	6	7	8	9	10
Noon Conferences	1	2	3	4	5	6	7	8	9	10
Wednesday Didactics	1	2	3	4	5	6	7	8	9	10

Please write specific comments & suggestions for improvement in the space below:

**II. Assessment of Evaluation Tools and Academic Teaching Experiences:**

How useful have these items been to your training/preparation for Pediatrics?

	Not useful		Very Useful		Comments/Suggestions:	
A. Personal Advisor/Mentor	1	2	3	4	5	_____
B. Evaluations from Faculty	1	2	3	4	5	_____
C. Pediatrics In-Service Exam	1	2	3	4	5	_____
D. Pediatric Take Home Exams	1	2	3	4	5	_____
E. Procedure Logs	1	2	3	4	5	_____
F. Journal Club	1	2	3	4	5	_____
G. Research Activity/Project	1	2	3	4	5	_____
H. Evaluations from Nursing						_____
I. Peer Evaluations						_____

Please write specific comments & suggestions for improvement in the space below:

**III. Assessment of Residency Leadership & Support Staff:**

How effectively have these people served you?

	Not effective		Very effective		Comments/Suggestions:	
A. Program Director	1	2	3	4	5	_____
B. Associate Program Director	1	2	3	4	5	_____
C. Pediatric Chief Resident	1	2	3	4	5	_____
D. Residency Coordinator	1	2	3	4	5	_____
E. GME Office						_____

Please write specific comments & suggestions for improvement in the space below:

**IV. Global Comments:**

A. List 3 Strengths & 3 Weaknesses of your overall residency training:

<b>Strengths:</b>	<b>Weaknesses:</b>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

B. Lists 3 Strengths & 3 Weaknesses of your **patient care experience** here at Thomason.

<b>Strengths:</b>	<b>Weaknesses:</b>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

C. Lists 3 Strengths & 3 Weaknesses of your **patient care experience** here at Providence.

<b>Strengths:</b>	<b>Weaknesses:</b>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

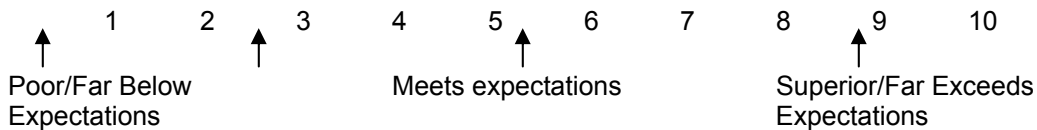
D. How effective are the following formats for giving and receiving information and feedback regarding the residency program:

Housestaff Meetings	Ineffective	1	2	3	4	5	Effective
End-of-Year Retreat	Ineffective	1	2	3	4	5	Effective
Faculty-Resident Meetings	Ineffective	1	2	3	4	5	Effective

Please write specific comments & suggestions for improvement in the space below:

**Final Impressions:**

The residency experience is meeting my perceived needs and expectations for my training goals.



V. **Additional Comments (feel free to include any areas/topics not already covered). Use the back if needed.**

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date