

## 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
<b>1. PATIENT CARE</b>						
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						
<b>2. MEDICAL KNOWLEDGE</b>						
1. Clinical teaching was provided by the attending(s)						
2. There is ready access to multimedia resources:						
3. There are adequate learning opportunities						
<b>3. INTERPERSONAL SKILLS</b>						
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:						
<b>4. PRACTICE BASED LEARNING/IMPROVEMENT</b>						
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						
<b>5. SYSTEMS BASED PRACTICE</b>						
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						
<b>6. PROFESSIONALISM</b>						
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:						
<b>7. GOALS AND OBJECTIVES</b>						
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)