

### TY Resident Evaluation Of Rotation

Evaluation Period: [First Name] [Last Name]  
[99/99/9999] to [99/99/9999]

Evaluator: [First Name] [Last Name]  
Rotation Name: [Rotation Name]

Drag and Move each question or group name in order to change the order displayed

#### Miscellaneous Questions \*\*

This is an **anonymous** resident evaluation of the rotation. Please answer the following questions and provide comments for any "No" answers.

Were there sufficient planned educational experiences (conferences, lectures, etc.) appropriate to your level of training that enhanced your development as a physician? (Question has additional comment box) **No**

Comments and/or Observations:

Were you offered educational opportunities equivalent to those provided to first-year residents in the categorical program? (Question has additional comment box) **Yes**

Comments and/or Observations:

Did you have an appropriate level of supervision from a staff physician or more senior resident when caring for patients? (Question has additional comment box) **(Select one)**

Comments and/or Observations:

Was there an appropriate balance between your residency education and other clinical demands? (Question has additional comment box) **(Select one)**

Comments and/or Observations:

Were there adequate educational materials, teaching physicians, number of patients, and variety of illnesses on this rotation? (Question has additional comment box) **(Select one)**

Comments and/or Observations:

Did this rotation provide you with a valuable educational experience? (Question has additional comment box) **(Select one)**

Comments and/or Observations: