

**UNIVERSITY OF CALGARY
DIVISION OF RESPIRATORY MEDICINE
ROTATING RESIDENTS
ROTATION EVALUATION FORM**

IT IS ESSENTIAL THAT YOU COMPLETE AND SUBMIT THIS FORM PROMPTLY AT THE END OF YOUR ROTATION AND SEND DIRECTLY TO:

Dr. Elizabeth MacKay
Peter Lougheed Centre

BACKGROUND: In order to ensure excellent and optimal educational experiences for students and residents, the Respiratory Program requires feedback from trainees as to the quality of its rotations. A critical component of this process is the completion of this rotation evaluation form. Responses provided are extracted by Dr. Elizabeth MacKay, and no other person reviews individual forms. Data for each rotation is compiled from multiple evaluations and a semi-annual summary is created. Such summaries are reviewed by the subcommittee of our Respiratory Program and are shared in order to provide both positive feedback and constructive criticism.

ROTATION: _____

A. ROTATION EVALUATION FORM

1. ESTIMATED PATIENT NUMBERS

- Average number of patients on inpatient service _____
- Average weekly number of ward or emergency consults _____

2. CASE MIX

- Was there a reasonable variety of patients/problems?
Yes No

If no please comment

3. CLINICAL WORKLOAD (please be specific – choose 1, 3, or 5)

1	3	5
Excessive, interfered with educational experience	Inadequate to obtain appropriate educational experience	Optimal

4. SUPERVISION (please be specific – choose 1, 3, or 5)

1	3	5
Patient care expectations clearly above level of trainee and inadequate or inconsistent supervision	Little or no opportunity to be autonomous	Optimal balance of responsibility and supervision

5. ON CALL RULES AND ACADEMIC HALF-DAY

Were you able to:

- Reasonably observe the on-call rules?
Yes No
if no, why?

-
- Attend your academic half-day?
Yes No
if no, why?
-

B. INTERACTIONS WITH FACULTY

6. ENVIRONMENT

1	2	3	4	5
Unfriendly, unpleasant and/or intimidating		Respectful and courteous		Friendly and made to feel integral part of team

7. STAFF AVAILABILITY

1	2	3	4	5
Difficult to reach/locate		routinely available		Always available and easy to approach

8. INVOLVEMENT IN CLINICAL DECISION-MAKING

1	2	3	4	5
Unfriendly, unpleasant and/or intimidating		Respectful and courteous		Friendly and made to feel integral part of team

C. TEACHING

9. INFORMAL (patient-centered, during daily rounds)

1	2	3	4	5
Minimal quantity and/or quality		Routinely provided/adequate quality		Outstanding – always a component of patient rounds and emphasized evidence

10. FORMAL (seminars, divisional rounds, journal clubs, etc.)

1	2	3	4	5
Grossly inadequate number and quality		Occurred regularly and were of reasonable relevance to trainee		Excellent quality and trainees intimately involved and emphasized

11. PROCEDURAL/TECHNICAL SKILLS

1	2	3	4	5
Little or no opportunity to learn/undertake procedures				Reasonable opportunity to learn/undertake procedures

D. FEEDBACK

12. Did you receive an interim evaluation (verbal or written)?

- Yes No

13. Was your final evaluation discussed with you at the end of the rotation?

- Yes No

14. Did staff review and critique your physical examination skills and findings?

1	2	3	4	5
Not at all	Infrequently	Sometimes	Regularly	Always

E. OVERALL ASSESSMENT OF ROTATION

15. OBJECTIVES MET

1	2	3	4	5
Few objectives met and/or superficial exposure to relevant diseases		Major objectives met and exposed to all important diseases		Exceeded expectations in all regards, comprehensive exposure to all diseases

16. EFFECTIVENESS

1	2	3	4	5
Inadequate rotation with very little learned		Worthwhile educational experience		Extremely enjoyable and valuable experience

HOW COULD THIS ROTATION BE IMPROVED?

WRITTEN COMMENTS/CLARIFICATION

Date

Evaluator's Signature

Resident's Signature