### IM Resident Evaluation of Rotation and Faculty

| RESIDENT NAME: ____________________________ | PGY LEVEL: ______________ |
| ROTATION/LOCATION (i.e. Surgery/City Hospital): ____________________________ |
| DATES OF ROTATION (MM/DD/YY): ____________________________ to ____________________________ |

**Please circle “T” for True and “F” for False for the following statements:**

<table>
<thead>
<tr>
<th>Statement</th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The attending physician(s) clearly explained the rotation objectives and expectations.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>2. The service/rotation was well organized.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>3. The rotation was appropriate for the advancement of my residency training.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>4. Given the opportunity to be part of the medical team.</td>
<td>T</td>
<td>F</td>
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</tbody>
</table>

**Fill in the circle for each competency to indicate your evaluation of the service using the below scale:**

<table>
<thead>
<tr>
<th>NA = NOT APPLICABLE</th>
<th>1 = UNSATISFACTORY</th>
<th>2 = IMPROVEMENT NEEDED</th>
<th>3 = AVERAGE</th>
<th>4 = ABOVE AVERAGE</th>
<th>5 = OUTSTANDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

**Patient Care:**
1. Opportunities were given to obtain essential patient information from several sources, including H&P’s, medical records, diagnostic/therapeutic plans, and treatments. O O O O O O O
2. Feedback was provided on the performance of diagnosis, treatment, and procedures. O O O O O O O
3. Uses scientific evidence to provide effective patient care. O O O O O O O

**Interpersonal and Communication Skills:**
1. Was instructed in developing appropriate doctor/patient relationships O O O O O O O
2. Feedback was provided on listening, written, and oral skills in professional interactions with patients, families, and other health professionals. O O O O O O O
3. Teaches effectively. O O O O O O O
4. Accessible, approachable, and maintains rapport with trainees. O O O O O O O

**Professionalism:**
1. Opportunities given to expand professional development and ethical principles. O O O O O O O
2. Instructed regarding compassion, respect and honesty and how to use these principles when interacting with patients and other medical professionals. O O O O O O O
3. Attention was given to dealing with issues of culture, gender, sexual orientation, religion, age, and disability issues. O O O O O O O
4. Provides a role model for professional and caring interactions with patients and the healthcare team. O O O O O O O

**Systems-Based Practice:**
1. Instruction was given on advocating for quality health care on behalf of patients and assisting patients in their interactions with the medical system. O O O O O O O
2. Information was presented on how to provide cost effective patient care. O O O O O O O

**Practice-Based Learning and Improvement:**
1. Use of available information technology to treat patients was explained. O O O O O O O

Complete Both Pages of Form
2. Examples of how to educate students and other professionals were given/modelled. O  O  O  O  O  O  O
3. Instruction was given on self-evaluation of clinical practice patterns and activities. O  O  O  O  O  O
4. Encourages resident scholarly activity. O  O  O  O  O  O

IM RESIDENT EVALUATION OF
ROTATION AND FACULTY (Page 2)

RESIDENT NAME: ___________________________ DATES OF ROTATION: ___________________________

Medical Knowledge:
1. Demonstrates good clinical, medical and social knowledge and applies that knowledge to patient care. O  O  O  O  O  O  O
2. Opportunities to expand the understanding and application of clinical medicine to patient care were presented. O  O  O  O  O  O  O
3. Lectures/conferences were held that were appropriate to the patients and/or service. O  O  O  O  O  O  O

Osteopathic Philosophy and Osteopathic Manipulative Medicine:
1. Osteopathic concepts and/or OMT was integrated into patient care opportunities O  O  O  O  O  O  O
2. Osteopathic concepts and/or OMT was integrated into the educational program. O  O  O  O  O  O  O

Positive aspects of the rotation: _____________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Suggestions for improvement: _______________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Evaluation of Faculty and other Members of the Medical Team:
List Attendings and other members of the medical team with whom you spent significant time on this service/rotation.
Indicate the Status of each person (Attending, Fellow, Nurse, PA, NP, etc)
Using the following scale, rate the frequency of each activity for each person:
NA = NOT APPLICABLE  1 = NEVER  2 = RARELY  3 = OCCASIONALLY  4 = USUALLY  5 = ALWAYS

<table>
<thead>
<tr>
<th>Status</th>
<th>Conducted Rounds</th>
<th>Assigned Readings</th>
<th>Critiqued Performance</th>
<th>Gave Patient Care Resp.</th>
<th>Encourages Participation</th>
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Complete Both Pages of Form
**OVERALL ASSESSMENT OF SERVICE** (Circle One):

<table>
<thead>
<tr>
<th>UNSATISFACTORY</th>
<th>IMPROVEMENT NEEDED</th>
<th>AVERAGE</th>
<th>ABOVE AVERAGE</th>
<th>OUTSTANDING</th>
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Return form to: IM Residency Office

Reviewed by Residency Program

________________________ (Initial/Date)