



To be completed by \_\_\_\_\_

On this form, you will be evaluating \_\_\_\_\_

For dates: \_\_\_\_\_ to \_\_\_\_\_

## Resident Evaluation of Service

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### ORGANIZATION OF SERVICE

	Don't Know	Yes	No
1. Does the rotation have Goals and Objectives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No
2. Were you given the Goals and Objectives at the start of rotation?	<input type="radio"/>	<input type="radio"/>
3. Were these Goals and Objectives discussed with you at the start of the rotation?	<input type="radio"/>	<input type="radio"/>
Were the expectations reasonable?	<input type="radio"/>	<input type="radio"/>
bspb. Did they reflect your own Goals and Objectives?	<input type="radio"/>	<input type="radio"/>
4. Was there a "sit-down" mid-rotation evaluation?	<input type="radio"/>	<input type="radio"/>
bspa. Were strengths and weaknesses identified at that time?	<input type="radio"/>	<input type="radio"/>

### 5. Final Evaluation

	Yes	No
bspa. Did you see the written evaluation before you left the service?	<input type="radio"/>	<input type="radio"/>
bspb. Was the evaluation discussed with you?	<input type="radio"/>	<input type="radio"/>
bspc. Were strengths and weaknesses identified?	<input type="radio"/>	<input type="radio"/>
bspd. Were any unexpected concerns or weaknesses noted?	<input type="radio"/>	<input type="radio"/>
6. Were there scheduled teaching activities on the service?	<input type="radio"/>	<input type="radio"/>
bspa. Was there an appropriate amount?	<input type="radio"/>	<input type="radio"/>
bspb. Did all staff attend?	<input type="radio"/>	<input type="radio"/>
bspc. Did all staff participate?	<input type="radio"/>	<input type="radio"/>
bspd. Were these useful educational activities?	<input type="radio"/>	<input type="radio"/>

### 7. Call Schedule

bspa. Frequency.

>1 in 3

- 1 in 3
- 1 in 4
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b. Location.

- in house
- from home

	Yes	No
bspc. Could you go home early after a night on call?	<input type="radio"/>	<input type="radio"/>
bspd. Was the amount of call reasonable?	<input type="radio"/>	<input type="radio"/>

**For any of the above answered "no", please comment.**

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**CLINICAL MATERIAL**

1. Was the patient volume appropriate for your level?

- Too busy
- Right volume
- Too slow

2. Was the mix of cases appropriate for your level?

- Yes
- Too many of certain cases

	Yes	No
3. Did you receive adequate supervision and back-up?	<input type="radio"/>	<input type="radio"/>
4. Were you given appropriate autonomy?	<input type="radio"/>	<input type="radio"/>
5. Did staff review all consults with you?	<input type="radio"/>	<input type="radio"/>

6. Frequency of staff discussion of inpatient management with you

- Daily
- Twice weekly

- Weekly
- Rarely

For any of the above answered "no", please comment.

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**RESIDENT ACTIVITIES**

	Yes	No
Did this service offer appropriate balance among ward, OR, consults and emergency, and outpatient clinics?	<input type="radio"/>	<input type="radio"/>

**a. Operating Room**

bsp1. Monday to Friday: how many days did you spend in the OR?

- 1
- 2
- 3
- 4
- 5

	N/A	Yes	No
bsp2. Were you given the opportunity to operate at the appropriate level?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bsp3. Did you receive good technical teaching?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bsp4. Did your technical skills improve on this service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**b. Ambulatory Care**

	N/A	Yes	No
bsp1. Were you expected to attend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

bsp2. On average, how many hours per week did you attend clinic?

- 0
- 2-4
- >4

	N/A	Yes	No
bsp3. Was this an appropriate amount of time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bsp4. Was this a good learning environment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Ward, Emergency and Consults**

	N/A	Yes	No
bsp1. Senior residents: Were there enough junior residents to help run the service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bsp2. Junior residents: Did you have appropriate supervision from the senior resident?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bsp3. Did this work significantly impair your ability to attend other activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**For any of the above answered "no", please comment.**

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**Overall rating of the service for your level of training**

- Outstanding** - a model that other services should try to emulate
- Good** - a valuable training experience
- Satisfactory** - all the components present but should work to improve
- Marginal** - needs significant improvement
- Unsatisfactory** - should not have residents unless weaknesses are remedied

**List three strengths (may include specific people)**

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**List three areas requiring improvement**

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**Other suggestions for this rotation**

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**The following will be displayed on forms where feedback is enabled...**

*(for the evaluator to answer...)*

- \* Did you have an opportunity to meet with this trainee to discuss their performance?  
 Yes  
 No

*(for the evaluatee to answer...)*

- \* Did you have an opportunity to discuss your performance with your

preceptor/supervisor?

Yes

No