

## Resident Evaluations Rotations

Rotations use this form to evaluate your rotations throughout the year. The information will be collected and anonymously presented to the residency director in order to make program improvements.

Rotation:

Ward <input type="checkbox"/>	Consults <input type="checkbox"/>	EEG <input type="checkbox"/>	EMG <input type="checkbox"/>	Peds <input type="checkbox"/>	Path <input type="checkbox"/>	Other: _____
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Location:

UH <input type="checkbox"/>	VA <input type="checkbox"/>	WHMC <input type="checkbox"/>	BAMC <input type="checkbox"/>	Other: _____
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Level of Training:

PGY1 <input type="checkbox"/>	PGY2 <input type="checkbox"/>	PGY3 <input type="checkbox"/>	PGY4 <input type="checkbox"/>
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Specialty:

IM <input type="checkbox"/>	PSYCH <input type="checkbox"/>	NES <input type="checkbox"/>	Other _____
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How does this rotation compare to others you have completed?

Worst				Average				Best	
1	2	3	4	5	6	7	8	9	10

Strengths of the rotation:

Weaknesses of the rotation:

Suggested format changes to improve rotation: