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  Consults  EEG  EMG  Peds  Path  Other: ______

Location:

UH  VA  WHMC  BAMC  Other: ______

Level of Training:

PGY1  PGY2  PGY3  PGY4

Specialty:

IM  PSYCH  NES  Other ______

How does this rotation compare to others you have completed?

<table>
<thead>
<tr>
<th>Worst</th>
<th>Average</th>
<th>Best</th>
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<tr>
<td>1</td>
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Strengths of the rotation:

Weaknesses of the rotation:

Suggested format changes to improve rotation:

Rev: 06/30/05