

BLOCK ROTATION EVALUATION

Evaluator: _____
 Rotation: _____
 Date(s): _____

1 – 2 – 3	4 – 5 – 6	7 – 8 – 9
Unsatisfactory	Satisfactory	Superior
<i>X = Unable to Evaluate</i>		

1	Organization	
2	Mix of patients	
3	Quality of facilities	
4	Staff helpful	
5	Didactic teaching	
6	Availability of faculty	
7	Policies and procedures clear	
8	Duties of fellow clear	
9	Use of fellow time was efficient	
10	Faculty provided feedback on my performance	
11	Overall impression of rotation	
12	Specific comments on rotation strengths:	
13	Specific comments on rotation weaknesses:	
14	Suggestions for improvement:	

Overall experience comment(s):

Return evaluation to Nancy Kinney, Fellowship Program Coordinator