

## Resident Assessment of Rotation

Resident: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Rotation: \_\_\_\_\_ Dates of Rotation: \_\_\_\_\_

Instructions: Please circle the number below that best corresponds to your opinion of this rotation experience.

1. I found this rotation to be useful to my podiatric medicine and surgery training.

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

2. The objectives and competencies were made clear to me at the beginning of the rotation.

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

3. I was provided positive and constructive feedback in a timely manner that helped me improve during the rotation.

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

4. I was treated with respect by the faculty and staff and functioned as part of the healthcare team.

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

5. I was provided the opportunity to demonstrate my knowledge, skills, and attitudes during this rotation.

Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

Please write your constructive comments about this rotation. Please include any specific recommendations to improve this rotation. Please include detail on back as necessary.

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