



### RESIDENT EVALUATION OF ROTATION

**Instructions:** Please evaluate the educational aspects of your allergy/immunology rotation. Your frankness will provide the information needed to continue to improve this experience.

Your Name (optional): \_\_\_\_\_ Your Institution (Optional): \_\_\_\_\_  
*(Please Print)*

Dates of Rotation: \_\_\_\_\_ Length of Rotation (e.g. 3 weeks, 5 half days, etc.): \_\_\_\_\_

Discipline (Internal Medicine, Pediatrics, Family Medicine, Emergency Medicine, etc.): \_\_\_\_\_

*Please Circle One:* PGY1 PGY2 PGY3 PGY4 4<sup>th</sup> yr. Med. Student Other \_\_\_\_\_

1. Please check the **allergy-immunology medical problems** you saw on this rotation:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Allergic Conjunctivitis       | <input type="checkbox"/> Common Variable Immunodeficiencies | <input type="checkbox"/> Seasonal Allergies        |
| <input type="checkbox"/> Anaphylaxis/allergic reaction | <input type="checkbox"/> Drug Allergies                     | <input type="checkbox"/> Sinusitis                 |
| <input type="checkbox"/> Asthma                        | <input type="checkbox"/> Food Allergies                     | <input type="checkbox"/> Stinging Insect Allergies |
| <input type="checkbox"/> Atopic Dermatitis             | <input type="checkbox"/> Rhinitis                           | <input type="checkbox"/> Urticaria                 |
| <input type="checkbox"/> Other: _____                  |   |  |

2. Were the topics/problems *not* seen during the rotation, but included in the rotation curriculum, discussed during your rotation (including in the context of reviewing pre/post test)?

*Please Circle One:* Yes No

3. In general, how beneficial was this rotation in preparing you for your primary care specialty? (*please check one response*)

<sub>1</sub>Not Beneficial \_\_\_\_\_ <sub>2</sub>Somewhat Beneficial \_\_\_\_\_ <sub>3</sub>Not Sure \_\_\_\_\_ <sub>4</sub>Beneficial \_\_\_\_\_ <sub>5</sub>Very Beneficial \_\_\_\_\_

4. Rate your overall satisfaction with your experience on this rotation. (*please check one response*)

<sub>1</sub>Very Dissatisfied \_\_\_\_\_ <sub>2</sub>Dissatisfied \_\_\_\_\_ <sub>3</sub>Not Sure \_\_\_\_\_ <sub>4</sub>Satisfied \_\_\_\_\_ <sub>5</sub>Very Satisfied \_\_\_\_\_

5. Please offer any general comments you wish to share about your rotation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Can we share this feedback with the physician(s)? <sub>1</sub>Yes \_\_\_\_\_ <sub>2</sub>No \_\_\_\_\_

7. What (if known) is your current career choice? \_\_\_\_\_

**Instructions:** Please use the following scale to rate **each doctor you worked with** from **1 to 5** for each area. Please use the word or the corresponding number.

**1. Unsatisfactory      2. Marginal      3. Satisfactory      4. Very Good      5. Outstanding**

**PHYSICIAN NAMES:**

**1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_**

*(Please **print** the full name of each doctor you worked with)*

**8. Teaching Style** *(rank from 1-5)*

\_\_\_\_\_

1 = Poor teaching style  
Not interested in teaching  
Does not tailor teaching to learner's level

5 = Very interested in teaching  
Always tries to use adult teaching techniques  
Tailors teaching to individual learner

**9. Feedback** *(rank from 1-5)*

\_\_\_\_\_

1 = Poor or no feedback  
Does not provide positive reinforcement  
Negative feedback is not provided in a constructive manner

5 = Provides excellent feedback routinely  
Provides negative feedback in a constructive manner  
Gives positive reinforcement for contributions

**10. Interpersonal Interactions** *(rank from 1-5)*

\_\_\_\_\_

1 = Displays poor interactions  
Is not respectful, tactful or compassionate  
Poor lines of communication

5 = Excellent interpersonal skills  
Very respectful, tactful and compassionate  
Open lines of communication

**11. Knowledge and clinical practice** *(rank from 1-5)*

\_\_\_\_\_

1 = Knowledge base is not up-to-date  
Poor clinical judgment

5 = Has up-to-date knowledge of the subspecialty  
Excellent clinical judgment

**12. Organization** *(rank from 1-5)*

\_\_\_\_\_

1 = Poorly organized  
Goals and expectations were not well delineated and not reviewed with the resident at the beginning of the rotation  
Schedule not clear

5 = Very well organized  
Resident goals and expectations were well delineated and reviewed with the resident at the beginning of the rotation  
Schedule clear and well organized

**13. Teaching** *(rank from 1-5)*

\_\_\_\_\_

1 = Poorly developed curriculum  
No clear learning objectives and poor teaching methods  
Poor learning experience  
Goals and expectations were not met

5 = Very well developed curriculum  
Clearly developed learning objectives, with sound teaching methods used  
Excellent learning experience  
Goals and expectations met

**Thank you for your feedback! Please mail the completed evaluation form to Ashley Raspor at AAAAI, 555 E. Wells St., Ste. 1100, Milwaukee, WI 53202 or fax to (414) 272-6070.**