

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE**

**Office of Curriculum
Year 4 Student Evaluation of Required and Elective Rotations**

Name of Rotation _____ **Date of Rotation** _____

1) Campus _____

2) Please rate your degree of agreement with each statement below using the scale:

1= Strongly Disagree; 2= Disagree; 3=Neutral; Strongly Agree, and 5= Strongly Agree

- | | 1= Strongly Disagree through
5=Strongly Agree | | | | | |
|---|--|---|---|---|---|----|
| | 1 | 2 | 3 | 4 | 5 | NA |
| a) The supervising faculty provided clear oral and written objectives for learning. | 1 | 2 | 3 | 4 | 5 | NA |
| b) The supervising faculty was available to deal with problems. | 1 | 2 | 3 | 4 | 5 | NA |
| c) You received clear written objectives that guided your learning. | 1 | 2 | 3 | 4 | 5 | NA |
| d) The course syllabus was helpful. | 1 | 2 | 3 | 4 | 5 | NA |
| e) Formal teaching sessions provided effective learning experiences. | 1 | 2 | 3 | 4 | 5 | NA |
| f) Inpatient Rounds as described in the objectives provided effective learning experiences. | 1 | 2 | 3 | 4 | 5 | NA |
| g) Ambulatory experiences as described in the objectives provided effective learning experiences. | 1 | 2 | 3 | 4 | 5 | NA |
| h) Operations or procedures were effective teaching and learning experiences. | 1 | 2 | 3 | 4 | 5 | NA |
| i) Faculty provided quality teaching. | 1 | 2 | 3 | 4 | 5 | NA |
| j) Faculty modeled professional behavior. | 1 | 2 | 3 | 4 | 5 | NA |
| k) Residents provided quality teaching. | 1 | 2 | 3 | 4 | 5 | NA |
| l) Residents modeled professional behavior. | 1 | 2 | 3 | 4 | 5 | NA |
| m) Students in your rotation group modeled professional behavior. | 1 | 2 | 3 | 4 | 5 | NA |
| n) The criteria for evaluating your performance were appropriate. | 1 | 2 | 3 | 4 | 5 | NA |

3) Please rate whether you agree or disagree that the amount of time or exposure for the item listed was sufficient for your learning using the scale below.

1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Strongly Agree, and 5 = Strongly Agree

- | | 1= Strongly Disagree
through 5=Strongly Agree | | | | | |
|---|--|---|---|---|---|----|
| | 1 | 2 | 3 | 4 | 5 | NA |
| a) Exposure to procedures. | 1 | 2 | 3 | 4 | 5 | NA |
| b) Time allotted for reading about your patients. | 1 | 2 | 3 | 4 | 5 | NA |
| c) Time allotted for formal teaching sessions. | 1 | 2 | 3 | 4 | 5 | NA |

- d) Time you were required to be on call. 1 2 3 4 5 NA
- e) Time during night call for teaching and learning. 1 2 3 4 5 NA
- f) Amount of exposure to ambulatory patients. 1 2 3 4 5 NA
- g) Amount of exposure to acute care or emergency room patients. 1 2 3 4 5 NA
- h) Amount of time you were involved in patient management. 1 2 3 4 5 NA
- i) The amount of resident involvement in teaching. 1 2 3 4 5 NA
- j) The amount of faculty involvement in teaching. 1 2 3 4 5 NA

In questions 4-9, please respond briefly to the following questions in the space provided.

- 4) Who were the best faculty members you worked with during this rotation?

- 5) Who were the best residents you worked with during this rotation?

- 6) What clinical skills and/or patient activities need more emphasis or improvement in this rotation?

- 7) Are any changes needed in grading in this rotation?

- 8) What books or other resources were most helpful in preparing for your day-to-day responsibilities?

- 9) What other comments would you like to make about this rotation?

- 10) Circle your degree of agreement with the statement "This was an excellent rotation".

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1	2	3	4	5	N/A