

Hospital: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_



## Student Hospital Evaluation Form

Third Year

### Core rotations provided by site:

Surgery \_\_\_ IM \_\_\_ FM \_\_\_ Peds \_\_\_ EM \_\_\_ OB/GYN \_\_\_ Psy \_\_\_ Elective (specify) \_\_\_\_\_

Patient contact (hours/day, # of patients): \_\_\_\_\_

Inpatient/outpatient: \_\_\_\_\_

Night calls: \_\_\_\_\_ Weekends: \_\_\_\_\_

### Educational Teaching Modules:

Didactics:

\_\_\_\_\_

Small Groups:

\_\_\_\_\_

One-on-one:

\_\_\_\_\_

Attending morning report:

\_\_\_\_\_

Formal resident rounds:

\_\_\_\_\_

Grand Rounds:

\_\_\_\_\_

M & M conferences:

\_\_\_\_\_

Other conferences:

\_\_\_\_\_

Patient H & P presentations:

\_\_\_\_\_

Written history and physical:

\_\_\_\_\_

SOAP notes:

\_\_\_\_\_

Preceptors whom you worked with during your rotation (please provide a brief evaluation):

**DRAFT**

**TouroCOM Rotation Evaluation Scoresheet**

**Student Name:**

**Rotation:**

**Hospital Name:**

**Dates:**

For each of the following domains please score this rotation on a scale of 0 to 10 points. Rotations are not complete until this form is submitted to the Rotations Office.

- 1) The rotation was well-organized. \_\_\_\_\_
- 2) An orientation was provided and was helpful \_\_\_\_\_
- 3) I knew what was expected of me on the rotation. \_\_\_\_\_
- 4) I was included as part of the patient care team. \_\_\_\_\_
- 5) The rotation included sufficient lectures and conferences. \_\_\_\_\_
- 6) I was given an appropriate level of responsibility. \_\_\_\_\_
- 7) I was treated in a professional manner. \_\_\_\_\_
- 8) I was evaluated fairly. \_\_\_\_\_
- 9) This rotation met my learning objectives. \_\_\_\_\_
- 10) I would recommend this rotation to other students. \_\_\_\_\_

**Total Points** \_\_\_\_\_