

**American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery**

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**CLINICAL ROTATION EVALUATION FORM**

Program: \_\_\_\_\_ Rotation Location: \_\_\_\_\_

Period of Rotation: \_\_\_\_\_ to \_\_\_\_\_ Faculty Member(s): \_\_\_\_\_

Resident’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Directions: Please take a moment to assess the clinical rotation using the following scale:

1 - UNSATISFACTORY    2 - SATISFACTORY    3 - EXCELLENT    N/A – NOT APPLICABLE

**Organization:**

- |   |   |   |   |     |
|---|---|---|---|-----|
| Clinical duties and assignments, educational goals and learning objectives, and the evaluation process were presented and discussed at the start of rotation. | 1 | 2 | 3 | N/A |
| Daily schedule for patient care and teaching was structured efficiently.  | 1 | 2 | 3 | N/A |
| Other health care professionals on the team were well integrated into patient care and teaching activities.   | 1 | 2 | 3 | N/A |

**Faculty Leadership and Role Modeling:**

- |   |   |   |   |     |
|---|---|---|---|-----|
| Demonstrated good “bedside manner” and positive interpersonal communication skills with patients, family members and staff.         | 1 | 2 | 3 | N/A |
| Treated each team member in a courteous and respectful manner.  | 1 | 2 | 3 | N/A |
| Was usually prompt for teaching assignments; was always available and accessible as a supervisor.                                   | 1 | 2 | 3 | N/A |
| Showed respect for physicians in other specialties/subspecialties and for other health professionals.                               | 1 | 2 | 3 | N/A |
| Recognized own limitations and used these situations as opportunities to demonstrate how he/she learns in order to keep up-to-date. | 1 | 2 | 3 | N/A |

**Patient Care:**

- |   |   |   |   |     |
|---|---|---|---|-----|
| Patient volume was sufficient to meet the educational goals and objectives.   | 1 | 2 | 3 | N/A |
| Variety of patient problems provided adequate learning experiences.   | 1 | 2 | 3 | N/A |
| Opportunity to perform and/or assist in surgeries and/or procedures were sufficient to achieve the learning objectives. | 1 | 2 | 3 | N/A |
| Overall patient management emphasized an interdisciplinary team care approach.  | 1 | 2 | 3 | N/A |

**Patient Care Teaching:**

The faculty member(s) devoted an appropriate amount of time to discussing patients and patient care decisions.	1	2	3	N/A
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The faculty member(s) observed my clinical and/or surgical skills, and provided instructive feedback and guidance.	1	2	3	N/A
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The faculty member(s) clearly communicated their thoughts and ideas, and allowed me to exercise my clinical judgment.	1	2	3	N/A
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The faculty member(s) used relevant medical and/or scientific literature to support clinical decisions.	1	2	3	N/A
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Patient care discussions integrated the social and ethical aspects of medicine (e.g., cost-containment, pain control, patients' rights, and humanism).	1	2	3	N/A
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The quality and amount of supervision and teaching provided by senior residents was adequate.	1	2	3	N/A
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**Didactic (Classroom) Instruction:**

The faculty gave well-organized lecture presentations that included opportunities for questions and discussion.	1	2	3	N/A
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The faculty provided references, articles or other materials that stimulated me to research and review pertinent topics and patient problems.	1	2	3	N/A
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**Evaluation and Feedback:**

My overall performance was reviewed at the end of the rotation pointing out my strengths and areas for improvement.	1	2	3	N/A
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The faculty member demonstrated "fairness" by adhering to established criteria, explaining reasons for my score and allowing me to respond.	1	2	3	N/A
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**OVERALL, I WOULD RATE THIS CLINICAL ROTATION AS:**

**POOR**  
(No Benefit)

**FAIR**  
(Little Benefit)

**VERY GOOD**  
(Beneficial)

**EXCELLENT**  
(Very Beneficial)

Would you recommend that this rotation be continued in this program?	Yes	No
Would you recommend that the faculty member(s) continue in this program?	Yes	No

**COMMENTS, COMMENDATIONS OR CONCERNS:**