

MUSC COLLEGE OF MEDICINE
OFFICE OF GRADUATE MEDICAL EDUCATION

CLINICAL ROTATION EVALUATION FORM

Program: _____ Rotation Location: _____

Period of Rotation: _____ Faculty Member(s): _____

Directions: Please take a moment to assess the clinical rotation using the scale below. If an item is not applicable to this rotation, please circle N/A.

1=POOR 2=FAIR 3=VERY GOOD 4=EXCELLENT N/A

Organization

Clinical duties and assignments, education goals and learning objectives and evaluation process were presented	1	2	3	4	N/A
Daily Schedule for patient care and teaching was structured efficiently	1	2	3	4	N/A
Other health care professionals on the team were well integrated into patient care and teaching activities	1	2	3	4	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	4	N/A
Treated each team member in a courteous and respectful manner	1	2	3	4	N/A
Was usually prompt for teaching assignments and was always available and accessible as a supervisor	1	2	3	4	N/A
Showed respect for physicians in other specialties/subspecialties and other health care professions	1	2	3	4	N/A
Recognized own limitations and used these situations as opportunities to show me how he/she learns in order to keep up-to-date	1	2	3	4	N/A

Patient Care

Patient volume was sufficient to meet the educational goals and objectives	1	2	3	4	N/A
Variety of patient problems provided adequate learning experiences	1	2	3	4	N/A
Opportunities to perform and/or assist in surgeries and/or procedures were sufficient to achieve the learning objectives	1	2	3	4	N/A
Overall patient management emphasized an interdisciplinary team care approach	1	2	3	4	N/A

