

AFFILIATE CLINICAL SITE EVALUATION

Name: _____

Hospital: _____

Rotation Dates: _____

Please rate your experience in the following categories on a 1 to 10 scale.
(1=poor, 5=average, 10=exceptional)

_____ Overall clinical instruction by anesthesiologists/residents (if applicable)

_____ Overall clinical instruction by anesthesiologists

_____ Opportunity for independent learning

_____ Organization of scheduling assignments

_____ Helpfulness of contact person

_____ Convenience of location

_____ Parking facilities, expenses, lockers

_____ Ease of transition starting and ending rotation

Please briefly answer the following questions:

1. Were there any outstanding or exceptionally poor instructors? If so, who and why?

2. Were you exposed to a variety of case types?

3. Did you participate in any conferences, lectures, and/or presentations? Please explain.

Thank you for your feedback. Please return this form to the Director of Clinical Rotations.

4. Who coordinated your daily assignments? Were you in constant 1:1 supervisory position with your instructor?
5. Estimate the percent of time you worked independently with the anesthesiologist.
6. Was anything exceptionally difficult about the rotation (no orientation, not accepted by health care professionals, parking?)
7. If you could, what would you change about this rotation to make it better for future students?

Thank you for your feedback. Please return this form to the Director of Clinical Rotations.