

EVALUATION OF ANESTHESIA ROTATION

Please complete this evaluation form and email it to Drs. Wolpaw and Tran and Andy Collins at the conclusion of the rotation. We take this evaluation VERY seriously and expect that you will return it in a timely fashion.

1 Were the expectations and objectives of the elective presented clearly at the outset of the rotation?

YES NO SOMEWHAT

2 Did you find the resources that were sent to you useful?

YES NO SOMEWHAT

3 Were you treated courteously by the members of our Department?

YES NO SOMEWHAT

4 How does the teaching compare to other medical student rotations you have completed?

BETTER AVERAGE NOT AS GOOD

5 Do you feel you had enough exposure to technical skills (intubation, IVs, etc.)

YES NO SOMEWHAT

6 Most importantly, what can we do to improve this rotation for medical students? Please comment on any aspect of the elective, as well as explain any answers you may have given above. Use additional page if necessary.

7 Did you have any notable positive or negative interactions with faculty members (residents will be evaluated separately)? If so please describe below.
