

**STUDENT EVALUATION OF RESIDENT**

**ASSIGNED RESIDENT:**

**COMPLETED BY:**

**PLEASE ASSIGN A NUMERICAL VALUE TO THE CATEGORIES BELOW:**

- 1      STRONGLY AGREE**
- 2      AGREE**
- 3      SOMEWHAT AGREE**
- 4      DISAGREE**
- 5      STRONGLY DISAGREE**

- 1      I was able to communicate effectively with the resident**
- 2      The resident made me feel part of the anesthesia team**
- 3      I received appropriate feedback from the resident**
- 4      My resident's clinical instruction was adequate**
  - i. Pre-op**
  - ii. Intra-op**
  - iii. Post-op**
  
- 5      I was given adequate opportunity to perform the following procedures**
  - i. IVS**
  - ii. A-lines**
  - iii. Laryngoscopies**
  - iv. LMAs**
  
- 6      I feel I was adequately supervised while performing the above procedures**
  
- 7      My resident directed me to appropriate text and online resources**
  
- 8      My resident provided me with pertinent literature or references reflecting clinical situations/adhered to principles of evidence based practice**
  
- 9      I would recommend that this resident continue to be assigned medical student teaching responsibilities**
  
- 10     I would like to nominate this resident for a teaching award (if so you must leave comments below)**

**Comments:**