Dermatology Elective Curriculum Evaluations

Northeastern Ohio Universities
Colleges of Medicine and Pharmacy

Case Western Reserve University
School of Medicine

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Eliot N. Mostow, M.D., M.P.H David Barzilai, M.D., Ph.D.* Deepa D. Patadia, M.D.**

^{*} Major contributor, Version 2, 2007

^{**} Major contributor, Version 3, 2011

Mid-rotation <u>Trainee</u> Feedback

Name:	Date:	Time:
The preceptor and resident/stude form together.	nt should com	plete this
Review the course objectives. met those objectives?	How well has	the trainee
What are the trainee's strength	e?	
What are the trainee's strength	3:	
Weaknesses?		
Create a plan to improve the traduring the second half of the re	•	mance
Other comments:		

Mid-rotation <u>Elective</u> Feedback

Name:
The preceptor and resident/student should complete this form together.
Review the course objectives. How well has the elective facilitated meeting those objectives?
What activities/diagnoses has the trainee not had the opportunity to see? Are there supplemental experiences available to correct this?
What changes should be made to the rotation to provide a better learning experience?
Other comments/suggestions:

End-of-rotation <u>Trainee</u> Feedback

Date:

Time:

Name:

The preceptor and resident/student should complete this form together.
Review the course objectives. How well has the trainee met those objectives?
Review the plan for improvement made during the mid- rotation feedback session. How well has the trainee progressed toward those goals?
Other comments:
Overall Rating: Insufficient Time to Judge Needs Improvement Adequate Exceptional

End-of-rotation Elective Feedback

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The preceptor and resident/student should complete this form together.

Review the course objectives. How well has the elective facilitated meeting those objectives?

To what extent did the rotation help the trainee meet his/her goals?

How many items from the birdwatching list were seen?

•	Must See	/ 13	%
•	Good to See	/ 24	%
•	Bonus Diagnoses	/ 22	%
•	Additional Diagnoses		
•	Procedures	/ 6	%

What changes should be made to the rotation to provide a better learning experience?

Other comments/suggestions: