Dermatology Elective Curriculum Evaluations

Northeastern Ohio Universities Colleges of Medicine and Pharmacy

Case Western Reserve University School of Medicine

Version 3, February 2011

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 **Trainee** Feedback

Name:  
Date:  
Time:

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

**Review the course objectives. How well has the trainee met those objectives?**

What are the trainee’s strengths?

Weaknesses?

Create a plan to improve the trainee’s performance during the second half of the rotation.

Other comments:
Mid-rotation **Elective** 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 Trainee Feedback

Name: 
Date: 
Time: 

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

**Name:**

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:**