

The Department of Emergency Medicine is continually seeking information on ways to improve the educational experience of the rotation you have just completed. We would appreciate it if you would take a few minutes to fill out this evaluation form and return it to the address below. Please be frank with your answers and use the back of this form if necessary. Thank you.

Evaluator Level: _____MSIV _____HOI _____HOII _____HOIII

Dates of Service: _____

Rating Scale: 5 - Outstanding 2 - Needs Improvement
 4 - Very Good 1 - Unsatisfactory
 3 - Satisfactory 0 - Not Observed

1. How would you rate this rotation in terms of its applicability to your future practice? 0 1 2 3 4 5
Comments:

2. How would you rate this rotation compared to other clinical experiences you have had at UNC Hospitals? 0 1 2 3 4 5
Comments:

3. How would you rate the Emergency Department nursing staff as compared to other nurses you have interacted with at UNC Hospitals? 0 1 2 3 4 5
Comments:

4. How would you rate the level of supervision and teaching you received while on this service? 0 1 2 3 4 5
Comments:

Additional Questions:

5. Were you treated fairly and considered part of “the team?”

6. What was the best part of this rotation?

7. What could be done to make this a better experience?

8. (Medical Students) Did you find the orientation helpful? How could it be improved?

9. Additional Comments: