

Anesthesia Rotation in Medical Simulation Evaluation

(Please print out and fill in with pen)

Name _____ Institution

Date _____ Faculty Advisor

Please rate the following:

Experience overall

- Among my best
- Excellent
- Good
- Mediocre
- Poor

Simulation Faculty

- Excellent
- Very Good
- Good
- Mediocre

- Poor

Simulation Staff

- Excellent
- Very Good
- Good
- Mediocre
- Unhelpful

Please list the your 4 prior rotations in the left column. (4. would be last month, 1. would be five months ago). Then rank order the rotations with 5 being the highest and 1 the lowest in the four categories listed. (You should have used each number 5, 4, 3, 2, 1 only once in each category!)

5=Highest/most 1=Lowest/least

Rotation list

(old to new)

Overall Enjoyment

Quantity learned

Quality of Learning Experience

Difficulty of the Rotation

Expected Importance to My Future Practice

1.

2.

3.

4.

5. Simulation

Were the goals of the month clear?

Were the expectations of the simulation faculty made clear?

Were your expectations met?

Was there anything you would have liked to add to the rotation?

Was there anything you would have liked to eliminate from the rotation?

What did you enjoy the most about the month?

What did you like the least about the month?

Other comments that would be helpful:
