



McGill

Montreal Children's Hospital

**Department of Otolaryngology –
Head and Neck Surgery**

Rotation Evaluation Form

Please evaluate the educational aspects of your Otolaryngology rotation. Your frank feedback will provide the information needed to continue to improve this experience. If you have any particular concerns or specific suggestions, please feel free to contact the Undergraduate Director, Dr Lily HP Nguyen at lily.hp.nguyen@gmail.com.

Your name (*optional*): _____ Your Medical School (*optional*): _____

Dates of Rotation: _____ Main Hospital of Rotation: _____

Areas of Evaluation	Disagree					Agree				
The rotation was well organized.	1	2	3	4	5					
The variety of patient cases was adequate for my learning.	1	2	3	4	5					
The knowledge gained during this rotation met or exceeded my expectations.	1	2	3	4	5					
I was adequately supervised.	1	2	3	4	5					
I had good interpersonal interactions with the staff.	1	2	3	4	5					
I had good interpersonal interactions with the residents.	1	2	3	4	5					
I was provided adequate feedback in a timely, specific and constructive.	1	2	3	4	5					
Overall, I am satisfied with my rotation.	1	2	3	4	5					
I would recommend this rotation for other students.	1	2	3	4	5					

Rotation Strengths:

Rotation Weaknesses:

Suggestions for improvement:

Your signature: _____

Thanks!

*** Please forward your evaluation to the hospital administrative secretary.**