

Dermatology Elective Curriculum Evaluations

**Northeastern Ohio Universities
Colleges of Medicine and Pharmacy**

**Case Western Reserve University
School of Medicine**

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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 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:

