



EM Clerkship Evaluation
New York Medical College
Department of Emergency Medicine

Date: _____

Month/year of rotation: _____

Rotation site: _____

◆ I was given progressive responsibility for patient care over the course of the rotation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
◆ I was provided an orientation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
◆ I had the opportunity to evaluate patients independently prior to presenting to attending or residents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

◆ Rate the quality and diversity of the patients/pathology seen:	<input type="checkbox"/> Inadequate	<input type="checkbox"/> Adequate	<input type="checkbox"/> Superior	<input type="checkbox"/> Excessive
◆ Rate the quality of teaching by faculty and residents:	<input type="checkbox"/> Inadequate	<input type="checkbox"/> Adequate	<input type="checkbox"/> Superior	<input type="checkbox"/> Excessive
◆ Rate the perceived opportunity to perform procedures relevant for EM:	<input type="checkbox"/> Inadequate	<input type="checkbox"/> Adequate	<input type="checkbox"/> Superior	<input type="checkbox"/> N/A

What would have made this rotation more educational or beneficial?

(Please be candid and write all possible opportunities for improvement)

How does this rotation **compare to other rotations**?

Below Expectations Meets expectations Above expectations

What is the most important skill(s), behavior, attitude or piece of information you learned from this rotation?

(REQUIRED)

Reviewed by Clerkship director: _____