



REGIONAL EDUCATION
 School of Medicine
 Faculty of Health Sciences
 Queen's University

COMMUNITY ROTATION EVALUATION

ROTATION DATE _____ **LOCATION** _____

DISCIPLINE _____ **NAME (optional)** _____

SCALE	1=Poor	2= Needs Improvement	3=Good	4=Very Good	5= Excellent
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Completing the community rotation evaluation, allows our Regional Education Office to respond to community learner needs. If everything was to your satisfaction, all that is required is a check in the **NO ISSUES** box. If you have specific suggestions, please complete the evaluation.

NO ISSUES

OVERALL CONDITION OF ACCOMMODATIONS 1 2 3 4 5

Please provide details of any problems encountered.

TRAVEL SUPPORT 1 2 3 4 5

Please provide details of any problems encountered.

COMMUNICATIONS (Pager, Phones, Internet) 1 2 3 4 5

Please provide details of any problems encountered.

HOSPITAL INTRODUCTION AND ORIENTATION 1 2 3 4 5

Please provide details of any problems encountered.

SERVICE INTRODUCTION AND ORIENTATION

1 2 3 4 5

Please provide details of any problems encountered.

What did you like best about the rotation?

Suggestions regarding improved support for learners while on rotation.

Did the videoconference sessions (sessional teaching or Grand Rounds) occur as scheduled with no technical difficulties? Any suggestions:

OTHER COMMENTS:

PLEASE RETURN FORM TO:

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