

**Family Medicine Resident's Rural Rotation
Resident Evaluation of Supervisor**

Funded by the
Texas Higher Education Coordinating Board
Administered by the
Faculty Development Center

Directions:

This evaluation form is to be completed by the **resident** on the supervisor at the conclusion of the rotation. The resident shall leave the completed evaluation with the supervisor.

FAMILY PRACTICE RESIDENT'S RURAL ROTATION

Resident Evaluation of Supervisor

Name of Resident _____ Date _____

Residency Program _____

Supervisor _____

- I. Using the scale below, rate the extent to which you agree or disagree with each of the following statements regarding the supervisor in this rotation.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
SD	D	N	A	SA

In this rotation my supervisor:

1. Included me in all appropriate aspects of the practice. **SD D N A SA**
2. Explained/clarified the reasons for certain actions. **SD D N A SA**
3. Encouraged my questions and comments regarding pertinent aspects of the practice. **SD D N A SA**
4. Responded thoughtfully to my questions. **SD D N A SA**
5. Responded informatively to my questions. **SD D N A SA**
6. Allowed me direct opportunities to practice technical skills. **SD D N A SA**
7. Allowed me direct opportunities to practice problem-solving skills. **SD D N A SA**
8. Was present in the practice throughout my rotation. **SD D N A SA**
9. Was accessible to me in the practice throughout my rotation. **SD D N A SA**
10. Provided constructive feedback without belittling me. **SD D N A SA**
11. Provided opportunities to learn business and managerial aspects of the practice. **SD D N A SA**
12. Provided appropriate supervision of my patient care. **SD D N A SA**

