Clinical Rotation Evaluation Survey (CRES)

Program MEDICINE

Year of Study: ____SIXTH YEAR__        DATE: JUNE 2011

Feedback from students is very important in trying to improve the quality of Rotations.

This is a confidential survey. Do not write your name or identify yourself in any way. Your responses will be combined with the responses of others in a process that does not allow any individual to be identified and the overall opinions will be used to plan for Rotation improvements.

Please respond to the following questions by completely filling a response for each of your answers.

Do this √ Do not mark in any of these ways ○ ○ ○ ○ ○ ○ ○ ○
Use a pencil or blue/black pen only
Make heavy marks that fill in your response

Strongly Agree
Agree
True Sometimes
Disagree
Strongly Disagree

• Strongly agree means the statement is true all or almost all of the time and/or very well done.
• Agree means the statement is true most of the time and/or fairly well done.
• True sometimes means something is done about half the time.
• Disagree means something is done poorly or not often done.
• Strongly disagree means something is done very badly or never or very rarely done.

Questions about the start of the Rotation:

1. The Rotation outline (including the knowledge and skills the Rotation was designed to develop) was made clear to me.
   Med. (Subspeci.) ○ ○ ○ ○ ○ ○ ○ ○
   Surg. (Subspeci.) ○ ○ ○ ○ ○ ○ ○ ○
   Family Medicine ○ ○ ○ ○ ○ ○ ○ ○
   Psychiatry ○ ○ ○ ○ ○ ○ ○ ○

2. The things I had to do to succeed in the Rotation, including assessment tasks and criteria for assessment, were made clear to me.
   Med. (Subspeci.) ○ ○ ○ ○ ○ ○ ○ ○
   Surg. (Subspeci.) ○ ○ ○ ○ ○ ○ ○ ○
   Family Medicine ○ ○ ○ ○ ○ ○ ○ ○
   Psychiatry ○ ○ ○ ○ ○ ○ ○ ○

3. Sources of help for me during the Rotation Including appointments with faculty and reference material, were made clear to me.
   Med. (Subspeci.) ○ ○ ○ ○ ○ ○ ○ ○
   Surg. (Subspeci.) ○ ○ ○ ○ ○ ○ ○ ○
   Family Medicine ○ ○ ○ ○ ○ ○ ○ ○
   Psychiatry ○ ○ ○ ○ ○ ○ ○ ○

Questions about what happened during the Rotation:

4. The conduct of the Rotation and the things I was asked to do were consistent with the Rotation outline.
   Med. (Subspeci.) ○ ○ ○ ○ ○ ○ ○ ○
   Surg. (Subspeci.) ○ ○ ○ ○ ○ ○ ○ ○
   Family Medicine ○ ○ ○ ○ ○ ○ ○ ○
   Psychiatry ○ ○ ○ ○ ○ ○ ○ ○
5. My instructor(s) were fully committed to the delivery of the Rotation. (Eg. sessions started on time, instructor always present, material well prepared, etc).

6. My instructor(s) had thorough knowledge of the content of the Rotation.

7. My instructor(s) were available during a scheduled appointment to help me.

8. My instructor(s) were enthusiastic about what they were teaching.

9. My instructor(s) cared about my progress and were helpful to me.

10. Rotation materials were of up to date and useful. (texts, handouts, references etc.)

11. The resources I needed in this Rotation (textbooks, library, computers etc.) were available when I needed them.

12. In this Rotation effective use was made of technology to support my learning.

13. In this Rotation I was encouraged to ask questions and develop my own ideas.

14. In this Rotation I was inspired to do my best work.
15. The things I had to do in this Rotation (class activities, assignments, laboratories etc) were helpful for developing the knowledge and skills the Rotation was intended to teach.

16. The amount of work I had to do in this Rotation was reasonable for the hours allocated.

17. Marks for assignments and tests in this Rotation were given to me within reasonable time.

18. Grading of my tests and assignments in this Rotation was fair and reasonable.

19. The links between this Rotation and other Rotations in my total program were made clear to me.

Evaluation of the Rotation

20. What I learned in this Rotation is important and will be useful to me.

21. This Rotation helped me to improve my ability to think and solve problems rather than just memorize information.

22. This Rotation helped me to develop my skills in working as a member of a team.

23. This Rotation improved my ability to communicate effectively.

Overall Evaluation

24. This Rotation improved my ability to communicate effectively.
Open Ended Items

25. What did you like most about these Rotations? (Briefly)

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

26. What did you dislike most about these Rotations? (Briefly)

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

27. What suggestion(s) do you have to improve these Rotations? (Briefly)

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_______________________________________________________________________________________
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