

**Medical Student Evaluation of UPMC Hamot Rotation**

*Student: Please complete the following survey **prior** to returning this Departure Form to the Medical Education Office. The information you share with us will be kept confidential and will only be presented to faculty in aggregate or summary form and will be used for improvement efforts.*

1 = Poor  
 5 = Superior  
 NA = Not applicable

	1	2	3	4	5	N/A
1. Orientation to UPMC Hamot						
2. Medical Education Administrative/Office Staff						
3. Housing (if applicable)						
4. Medical Library						
5. Educational Value of Lectures						
6. Educational Value of Grand Rounds						
7. UPMC Hamot Faculty defined goals of rotation						
8. UPMC Hamot Faculty assigned reading/educational materials						
9. UPMC Hamot Faculty provided constructive feedback						
10. UPMC Hamot Faculty spent time teaching						
11. UPMC Hamot Faculty's attitude/willingness to teach						
12. Overall quality of rotation						

14. The most valuable part of this experience was \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. The least valuable part of this experience was \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Ideas/recommendations for improvement \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. I would return to UPMC Hamot to practice if I had the opportunity \_\_\_Yes \_\_\_No

