

ABC Hospital

EXIT EVALUATION OF PROGRAM BY RESIDENT

DATES: _____

Please provide written comments whenever possible.

1. Overall, did the program fulfill your expectations?

2. Were the goals and competencies of the program clearly defined?

3. Were the goals and objectives of the program followed?

4. Were the goals and objectives of the off-service rotations clearly defined?

5. Were the goals and objective of the off-service rotations followed?

6. Briefly comment on the rotation regarding length and appropriateness:

Anesthesia

Behavioral Science

Dermatology

Emergency Medicine

Family Medicine

General Surgery

Infectious Disease

Medical Imaging

Neurology

Orthopedic Surgery

Pathology

Pharmacy

Physical Medicine & Rehab

7. Was the podiatric staff adequately involved in didactic teaching?
8. Was the podiatric staff adequately involved in clinical training?
9. Were the program administrators open to feedback regarding the curriculum?
10. Was the podiatric staff open to feedback regarding didactic and clinical training?
11. Do you enjoy being an educator to podiatric students and medical staff?

12. Do you feel the changes made during your residency tenure were adequate?
13. If you were a member of the podiatry staff, what recommendations or input would you have?
14. What changes (as a resident) would you suggest?
15. What have you contributed to the program?
16. Would you choose residency at KSB Hospital again?
17. What advice do you have for incoming residents?
18. After completion of your residency training, what are your goals and aspirations for your podiatric career?

Resident _____ Date _____

DPME Signature _____ Date _____

DPME COMMENTS: _____
