

Date of Rotation: _____ to _____

What was the overall quality of the pediatric educational materials (lectures, case discussion etc. Can be formal or informal)?

What was the overall quality of the pediatric practical labs (simulation)?

What was the overall quality of your clinical experience in the pediatric ED?

What was the overall quality of the faculty?

For each category, rate the faculty **you had contact with** using the following scale: *

Outstanding **Very Good** **Good/Average** **Poor** **Unacceptable**
 5 4 3 2 1

	Didactic	Clinical	Approachable	Helpful
Dr. Mandeville Number of Shifts _____				
Dr. Gnauck Number of Shifts _____				
Dr. Moore Number of Shifts _____				
Dr. Park Number of Shifts _____				
Dr. Sapien Number of Shifts _____				
Dr. Upham Number of Shifts _____				
Dr. Skarbek- Borowska Number of Shifts _____				
Dr. Number of Shifts _____				
OTHER FACULTY:				
Dr. Baty Number of Shifts _____				
Dr. Braude Number of Shifts _____				
Dr. Cheney Number of Shifts _____				
Dr. Crandall Number of Shifts _____				
Dr. Crook Number of Shifts _____				
Dr. Dell Number of Shifts _____				
Dr. Doezema Number of Shifts _____				
Dr. Doyle Number or Shifts _____				
Dr. Ernst Number of Shifts _____				
Dr. Femling Number of Shifts _____				
Dr. Harrell Number of Shifts _____				
Dr. Huyler Number of Shifts _____				
Dr. Kennedy Number of Shifts _____				
Dr. Macias Number of Shifts _____				
Dr. McLaughlin Number of Shifts _____				
Dr. McLean Number of Shifts _____				
Dr. Price Number of Shifts _____				

Outstanding Very Good Good/Average Poor Unacceptable
 5 4 3 2 1

	Didactic	Clinical	Approachable	Helpful
Dr. Rimple Number of Shifts _____				
Dr. Rollstin Number of Shifts _____				
Dr. Sarangarm Number of Shifts _____				
Dr. Seifert Number of Shifts _____				
Dr. Sklar Number of Shifts _____				
Dr. Tawil Number of Shifts _____				
Dr. Wachter Number of Shifts _____				
Dr. Walsh Number of Shifts _____				
Dr. Weiss Number of Shifts _____				
Dr. _____ Number of Shifts _____				
Dr. _____ Number of Shifts _____				
Dr. _____ Number of Shifts _____				
Dr. _____ Number of Shifts _____				

Additional Comments:

*Evaluation tool based on “ER Scale”, Academic Emerg Med 2000;7:1015-1021