

DERMATOLOGY RESIDENCY ROTATION LOG

(Please fill one sheet out on every outside rotation completed)

Resident's Name _____ Training Year 1st 2nd 3rd

Rotation _____ Date _____

Trainer _____

Hospital/Office _____

II. Instructional Organization (check one) Never Occasionally Usually Always N/A

1. Did you have significant patient-care responsibilities?
2. Were your work and knowledge evaluated and discussed?
3. Was there opportunity/or ambulatory experience?
4. Did you have time for reading, teaching, and paperwork?

General Evaluation of Rotation Experience (overall rating)

Excellent Good Fair Poor

General Comments (Trainers, lectures, service):
