



**The University of Colorado School of Medicine**  
*Advanced Practice Practitioner Fellowship*

## END OF ROTATION FELLOW EVALUATION

Thank you for providing feedback through the Colorado University Gastroenterology and Hepatology Department End of Rotation Evaluation.

Your feedback will help us deliver the best rotations possible.

Your feedback is on the following...

Rotation Specialty: \_\_\_\_\_

Preceptor name: \_\_\_\_\_

Location and Date of Rotation: \_\_\_\_\_

### OVERALL SATISFACTION

Q1 What is your overall satisfaction with...

	<b>Not at all satisfied 1</b>	<b>Dissatisfied 2</b>	<b>Satisfied 3</b>	<b>Extremely Satisfied 4</b>
The rotation overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2 What is your overall satisfaction with...

	<b>Not at all satisfied 1</b>	<b>Dissatisfied 2</b>	<b>Satisfied 3</b>	<b>Extremely Satisfied 4</b>
Your rotation clinical experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your preceptor during the rotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3 What did your preceptor instructor do to earn the rating you gave them?

*Please be specific and provide constructive recommendations, if any, where possible.*

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## END OF ROTATION FELLOW EVALUATION

Q4 What were the strengths, if any, of your rotation experience at this speciality? Additionally, what aspects of your rotation experience did you find most valuable or useful?

*Please be specific and provide examples where possible.*

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Q5 What were the weaknesses, if any, of your rotation experience at this speciality? Additionally, what changes could be made to improve your rotation experience?

*Please be specific and provide examples where possible.*

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Q6 What would your preceptor(s) need to do differently for you to give a higher rating?  
Additionally, please feel free to leave specific feedback about your individual preceptors if you had more than one.

*Please be specific and provide constructive recommendations, if any, where possible.*

Q7 Based on your experience, how likely are you to recommend your rotation experience with this speciality to another fellow?

[illegible]



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### Q8 ROTATION PRECEPTOR EVALUATION

Please rate your course instructor (insert instructor name) by indicating your level of agreement with the statements below.

	<b>Strongly Disagree 1</b>	<b>Disagree 2</b>	<b>Agree 3</b>	<b>Strongly Agree 4</b>	<b>NA</b>
Showed a sincere interest in my success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided helpful feedback on my performance prior to completion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employed strategies that actively engage me in learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assigned challenging tasks that helped me to think differently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was generally available/responsive for questions/assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoted curiosity to expand application of learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8a If you mentioned that you 'disagree' or 'strongly disagree' in relation to the above statements please tell us why you provided those rating(s) below.

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