

The University of Colorado School of Medicine

Advanced Practice Practitioner Fellowship

END OF ROTATION PRECEPTOR 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 Dates of Rotation:_____ **OVERALL SATISFACTION** Q1 What is your overall satisfaction with... Dissatisfied Satisfied Not at all satisfied **Extremely Satisfied** The rotation overall Q2 What is your overall satisfaction with... Not at all satisfied Dissatisfied Satisfied **Extremely Satisfied** Your fellow during the $\overline{\mathbf{A}}$ rotation Q3 What were the fellow's strengths during this rotation? Please be specific and provide constructive recommendations, if any, where possible. Q4 What were the fellow's weaknesses during this rotation? Please be specific and provide constructive recommendations, if any, where possible. Q5 What would your fellow (s) need to do differently for you to give a higher rating? Please be specific and provide constructive recommendations, if any, where possible. Q6 Based on your experience, how likely are you to recommend this fellow to other preceptors? Not at all 1 2 6 7 8 9 Extremely 3 4 5 likely likely 0 10



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