### Evaluation Form for Research Rotation

**LSU Health Sciences Center**  
**Department of Neurology**

#### Instructions
Please rate the resident, compared to expectations for LSUHSC Neurology resident at this level, on the following aspects of supervision by checking the appropriate box. For COMMENTS, please check the box and elaborate on p.2, making reference to the specific item number addressed. We do not want these forms to replace face-to-face feedback so please discuss your evaluation with the resident and indicate that you have done so on p. 2. We also ask that you provide feedback to the resident mid-way through the rotation. Please check PGY level

<table>
<thead>
<tr>
<th>PGY</th>
<th>PGY</th>
<th>PGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

#### Medical Knowledge
- Below Expected
- Expected
- Above Expected
- N/A
- See Comments

1. Present or participate in a poster presentation in the annual Neuroscience Research Symposium
   - 1
   - 2
   - 3
   - 4
   - 5

2. Further their knowledge of basic principles of research.
   - 1
   - 2
   - 3
   - 4
   - 5

#### Practice-Based Learning and Improvement

1. Present project at Grand Rounds.
   - 1
   - 2
   - 3
   - 4
   - 5

2. Publish collaborative work
   - 1
   - 2
   - 3
   - 4
   - 5

#### Interpersonal and Communication Skills

1. Present Research in an organized and detailed manner
   - 1
   - 2
   - 3
   - 4
   - 5

#### Professionalism

1. Resident showed accountability (Appropriate dress/arrives on time/timely completion of project).
   - 1
   - 2
   - 3
   - 4
   - 5

2. Actively seek precepting (openness and willingness to learn).
   - 1
   - 2
   - 3
   - 4
   - 5

#### Systems-Based Practice

1. Perform a literature review if warranted of area being studied
   - 1
   - 2
   - 3
   - 4
   - 5

#### Overall

1. Did the resident meet the Goals & Objectives for this rotation?
   - YES
   - NO

2. Was the resident monitored for fatigue, sleep deprivation and stress?
   - YES
   - NO

3. Have you met with the resident to provide feedback mid-way through the rotation?
   - YES
   - NO

4. Have you met with the resident to discuss the content of this evaluation?
   - YES
   - NO

5. Is there anything that should be known by the Evaluation Committee that would prevent this resident from being promoted to the next level? If yes, please describe in comments
   - YES
   - NO

#### Specific Comments
Please include competency and question number

Please comment on strengths and weaknesses:

---

Signature of Evaluator: _____________________________________________________________

Wednesday, June 17, 2009